

sex and the mature man

This heartening book gives you plain facts and common sense that will help you to an understanding of what you can and should expect of sex in your mature years.

Louis P. Saxe, M. D.
and Noel Gerson

What authorities in the field have said about

SEX AND THE MATURE MAN

by

Louis P. Saxe, M.D. and Noel B. Gerson

"I don't know of any better book available for the man who wants to get an accurate picture of the subject. It is clearly written, practical, gives specific directions."

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"Full of sound advice and guidance . . . The authors . . . deal with a broad range of problems faced by the mature male in this country."

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The fear of decreasing sexual power can be extremely dangerous, says Dr. Saxe, prominent psychiatrist and co-author of this frank new book that deals with the sex life of the mature man. It may even lead to severe emotional illness. He shows that there is no physical basis for marked sexual decline after forty and that what is often called male "change of life" is mental, not physical. He talks frankly about the physical aging process and its related emotional problems, about the myth of the male climacteric, about impotency real and imagined, sex deviations and the "last fling" syndrome. Many actual case histories are included. This heartening book offers common sense and plain facts that will help men stop torturing themselves with totally unnecessary fears and lead them to a sounder understanding of what they *can* and *should* expect of the sexual life of the mature years.

First I. I. Edition

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and the
MATURE MAN

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Louis P. Saxe, M.D.
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Noel B. Gerson

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For Colleen

Age, I do abhor thee,
Youth, I do adore thee.

WILLIAM SHAKESPEARE

Although this book was written in collaboration, whenever "I" is used, Dr. Saxe is speaking.

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SEX
and the
MATURE MAN

1

The Frightened, Virile Man

"AS MY FORTIETH BIRTHDAY APPROACHED, I BECAME MORE and more depressed," a patient once told me. "On the day itself, I felt a sudden, urgent need to prove to myself that I wasn't growing old. My birthday happens to fall in August, and on my fortieth, it was a blistering, humid day. I had given up tennis for golf ten years earlier, but I had to prove to myself that I could still play the kind of tennis I had enjoyed in my twenties.

"I paid no attention to my wife's protests. Off I went to the courts with the twenty-two-year-old son of a neighbor. We played three sets of singles, and I almost ran my legs off. I was so exhausted by the time I got home that I could scarcely walk in the front door and stagger to a sofa.

"I realize, now, that I was lucky. I might have had a heart attack, or I could have been bowled over by sun-stroke or heat prostration. Playing tennis that day was a foolish gesture that proved absolutely nothing."

My patient was mistaken. He *had* learned something from the experience. Specifically, he learned emotionally what he already knew intellectually, that a man of forty can't cavort like a youth of twenty without paying a price for his exertions.

Every man faces this panic in one form or another, at one time or another. There are no deadlines, and "forty" is no magic number that causes a sudden deterioration into senility. Quite the opposite is true: the middle years can be the years of greatest achievement, *if the individual understands himself sufficiently well to harness his resources and use them to his advantage.*

The crisis may confront some in their thirties, and others may escape it until their sixties; but the majority of men find themselves caught up in it at some time between the ages of forty and sixty.

Just what is that crisis? Simply put, a man realizes he is growing older, and must adjust, mentally and physically, to advancing age. Either he conquers it, or it defeats him, engulfing him in solitude, mental and physical suffering and the ever-increasing fear of death. The frightened may run from the problem, display a sense of bravado, pretend it doesn't exist. But he discovers, eventually, that his evasions have been in vain.

Is it possible to overcome the crisis?

Yes!

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The man who is emotionally mature faces the issue without flinching, takes stock of himself and the world around him and behaves accordingly.

Take the case of a man we'll call Theodore F., whom I treated a number of years ago. Even though no two individuals are identical, and the problems confronting any two people are bound to differ, the case of Theodore F. is typical of many men in their forties and fifties.

He sat opposite me in my office, handsome, heavily tanned, younger in appearance than his fifty-two years. He was muscular and trim, to all outward appearances a man who took good care of himself. It was apparent, too, that he liked expensive possessions: his suit and shirt were tailor-made, his cuff links were gold, and his cigarette case and lighter, which he had placed on a corner of my desk, were a matching set of embossed silver.

"They say there's nothing wrong with me, Doctor! Either they're wrong—or I'm off my rocker!"

He glared at me defiantly. "My family doctor examined me, and he swore there is absolutely nothing wrong with my physical condition."

There was no need for me to remind Theodore F. that he had been referred to me by his family physician, so I waited for him to continue.

"He sent me to a specialist." Theodore F. twisted in his chair, stared down at the floor and added in a voice that was barely audible, "An expert in urogenital problems. He insists that I'm not suffering from any physical disorders."

Making an effort to control himself, he lit a cigarette,

straightened in his chair and struck the desk with his free hand.

"I don't owe anything to anybody in this world!" His voice had become strident again. "I started at the bottom, I built my own business from scratch, and my profits are bigger every year.

"I just don't get it," he said, as bewildered as he was angry. "If I'm losing my mind, it doesn't show at the office. I'm doing better work and setting up the most complicated deals of my life. I've never been so sharp."

As Theodore F. would learn in his psychotherapy, he was not "off his rocker," nor was he "losing his mind."

"Let me give it to you straight, Doctor." He ground out his cigarette viciously. "I'm impotent!"

He had thought he would startle me, but I had already guessed his problem.

"Maybe I'm just a victim of old age," he went on, his tone suddenly plaintive. "The trouble is, I don't feel like an old man with one foot in the gravel!"

In the months that followed, Theodore F. was able to confirm his feeling that he was *not* an old man. He discovered, too, that his family physician and the urologist had been correct in their diagnosis: his impotence was not due to physical causes.

It was true, however, that he was impotent when he first came to me for treatment.

Why?

Theodore F., like so many men over forty, was suffering from emotional rather than physical disturbances. Eventu-

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ally he learned that his own fear of impotence was one of the basic reasons he was unable to attain an erection.

Several other factors were responsible, too, as we shall see. Theodore F. was a self-made man, as he told me at our first meeting. Driven by ambition, he had devoted his life to his company; he had enjoyed few opportunities to relax until he was in his late forties; and equally important, he had never learned how to find pleasure outside of his work.

Theodore F. had been married for more than twenty years, and was the father of two children in their late teens. His preoccupation with his business had caused him to neglect his wife and children, and he was vaguely aware of the fact but tried to compensate for his failure by surrounding his family with the luxuries that money could buy.

In the course of therapy, he began to wonder why he continued to devote so much time and effort to his work. When he was younger, he had struggled to achieve the financial security he had never known, but he admitted that his company "almost ran itself" now and that his constant attention was unnecessary.

He uncovered another fear that had been present in his unconscious mind, the fear of financial insecurity, which had always been lurking in the shadows, pushing him to ever more strenuous efforts. He realized that no matter how much wealth he accumulated, it was never "enough" and that he set goals for himself as unrealistic as they were ill-defined.

This was the background that had contributed to a series of incidents which occurred over the period of ap-

proximately one year, beginning at about the time of his fifty-first birthday.

Mrs. F., an attractive woman who was five years younger than her husband, had become bored with her existence. She no longer did her own housework, her children required relatively little of her time and attention, and she resented her husband's attitude toward her. He was taking her for granted, and her sense of hostility grew stronger every time she was forced to attend a dinner party without him or was compelled to refuse an invitation because he was too busy to escort her.

Trying to retaliate in the only way she knew—and disturbed because her own youth was fading—she became interested in a man some years her junior. The flirtation, in and of itself, was harmless, but the repercussions it created were devastating.

Theodore F., who had been reared by strict parents, had automatically assumed that his wife would remain completely faithful and loyal to him, just as his mother had been faithful to his father. Mrs. F.'s flirtation goaded her husband, but instead of turning to her, he fled in the opposite direction.

Aware that he was middle-aged, even though he looked younger, he could almost hear the sand running through the hourglass of his life. He had never cheated on his wife, and his bitterness was all the greater because, as he told me, "I've spent my whole life earning a good living for her."

He obtained his "revenge" by engaging in an affair

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with a young woman who worked in a branch office of his company, located in another state.

Mrs. F., basically a sensible woman, realized she was alienating her husband and stopped flirting with the younger man, who was frequently a guest at the same dinner parties. By this time, however, the damage had been done.

Theodore F., overwhelmed by a sense of guilt, became alarmed when he discovered he was no longer potent in his relationship with his mistress. Deeply ashamed, confused and hurt, he was incapable of re-establishing satisfactory sex relations with his wife. His failure confirmed his worst fears—or so he thought—and he became convinced that his sex life had ended.

I am pleased to say that his therapy taught him that his assumptions were false. When Theodore F. found that his trouble was caused by a deep-rooted sense of financial insecurity, a feeling that he had indulged in a desperate "last fling" and was paying the penalty by suffering guilts, his attitude started to change.

He began to devote more time and attention to his wife, and they talked frankly to each other for the first time in years. Mrs. F. admitted she had been wrong to flirt with another man, and when her husband confessed his infidelity, she forgave him.

Theodore F. recovered his potency. The last time I saw him, he was in his sixties, and Mrs. F. was nearing her sixtieth birthday. I was not surprised to learn that this couple, who are devoted to each other, are enjoying a mutually satisfactory sex life.

Adjustment to the Facts of Life

Man has been equipped with the most potent of weapons ever known, a weapon that has been denied to animals but that humans may grasp and use. It is wisdom, which I consider the judgment and knowledge based on one's experience. A few years ago a distinguished physician who was also something of a poet called it "the end result of living."

The aging process can be a delight or a torment, depending on the individual's attitude. If he denies he is growing older, he fools no one, not even himself. If he is wise, however, he will use his accumulated and *still-growing* store of wisdom to give greater pleasure to his wife and children and take greater pleasure from them, to do better work, to be a more stimulating and jovial comrade and, above all else, to enjoy living with himself.

A Definition of the Male Crisis

The basic problem of the man of middle years is his awareness of the fact that he is mortal, that he is growing older, that time is beginning to run out.

How he reacts to this knowledge is all-important to his future happiness. If he calmly accepts the inevitability of old age and death, but realizes he has many fruitful, contented years ahead, he will be happy.

If he tries to fight against the inevitable, he may cause himself great suffering. Fear of advancing age cripples him emotionally and harms him physically.

His many problems will be discussed in detail in subse-

quent chapters. Briefly, he may damage himself with one or more of the major ailments of the middle years:

1. Fearing impotence, he may become impotent.
2. Worried by the aging process, he may become a victim of depression, the most common of emotional disturbances to which the man of forty to sixty is vulnerable.
3. He may try to ease his tensions with liquor—and risk becoming an alcoholic.
4. He may allow his life to become warped by anxiety.
5. In a frenzied attempt to make his mark, or to make a bigger mark, he may tax his strength and become physically ill. Heart disease, high blood pressure and ulcers are common in the middle years—when a man fails to adjust to advancing age or refuses to adjust.

Coping with the Male Crisis

Must every man past forty become emotionally disturbed or physically ill because he faces the crisis of the middle years?

My answer is emphatic: *Certainly not!*

There may be a few men who glide through life serenely, taking the crisis of the middle years in their stride as they accept other crises, easily and without disruption of their perpetually happy state of being. I have yet to meet such a man, I have never heard of such a man, I have never read of such a man.

Those who plunge into the sea of the middle years without looking where they are leaping are almost inevitably

compelled to swim madly in order to reach the far shore. Tranquility and contentment in old age must be earned.

The man who is able to build a raft or boat for himself and paddle toward the far shore is going to enjoy his ride. The man who must swim, and who often struggles to keep himself afloat, has a rough time.

Preparation for the crisis is one of the sturdiest and most reliable of boats. "When I know the dangers that are ahead," one patient told me, "my fear vanishes."

Everyone is afraid of the menacing dark, but when light is shed, the unknown becomes familiar, and man is endowed with qualities of mind and emotion that enable him to cope with his problems. The man who achieves emotional maturity can take almost any crisis in his stride.

You may ask: What is emotional maturity?

A deceptively simple answer might be: Act your age.

A fuller explanation is necessary, I believe. The man who is emotionally mature is the man who has learned to adjust to his personal environment. He soberly estimates the assets and liabilities of his character. He tries to achieve that which he thinks he is capable of achieving, but he is wise enough to forget the unattainable daydreams of his youth. He learns to accept reality, to live within his means—emotional as well as financial. He utilizes the accumulated experiences of four decades or more, and he lives, loves and works accordingly.

I think a further word on the subject may be helpful. Emotional maturity is *always* a *relative* state. No human being is perfect. Everyone has his quirks, his strong likes and dislikes; virtually no one is completely free of all prej-

udices. Similarly, no one is ever totally free of temptations and the desire to indulge them. Even the hardest-working man knows moments when he feels lazy.

Therefore, a word of caution: Do your best, but don't hope to perform miracles.

The world in which we live is often confused, so it is no wonder that we sometimes become bewildered. The individual's adjustment to society, man's adjustment to aging, are processes that never stop.

Don't despair because you sometimes feel that the race is too swift, that you can't catch up. Everyone feels as you do. And the knowledge that the race is swift enables you to run faster and to show greater stamina. Self-knowledge and the utilization of that knowledge are the keys that unlock the doors of the vast storehouse of emotional maturity.

It is my hope that this book will help the man of middle years to understand his problems, to realize that others before him have faced similar ones and to react to his situation with intelligence and strength.

2

What Causes the Male Crisis?

THE MALE CRISIS HAS EXISTED IN EVERY ERA, IN EVERY LAND. Its causes are complex and, as we shall see, chiefly emotional rather than physical.

The problems of the middle years are more persistent in our present-day American society, I believe, than they have ever been in our earlier history. They are more virulent than similar problems in other countries. Why?

The American man of forty to sixty is, almost literally, the man in the middle, caught up in a world of pressures, of too much emphasis on too many of the wrong things, of keeping up with the Joneses and trying to maintain his wife's social pace. He is badgered, bamboozled and bedeviled: he is the victim of a youth cult as adamantly

persistent as it is demanding, and anyone who tries to take its claims seriously finds his emotional balance impaired, his health injured and his pleasures dampened.

The man of middle years needs help, understanding and compassion. It is unfortunate that his wife, who is usually a few years his junior, needs understanding and assistance at the same time. She is probably going through the menopause, a physical as well as emotional change of life, at the very time that her husband is trying to solve his newly discovered problems. Therefore, in many families, both the husband and the wife are suffering from emotional disturbances simultaneously, and the domestic atmosphere becomes increasingly tense.

Today's woman, for reasons as valid as they are satisfying to both sexes, makes strenuous efforts to remain youthful in appearance as well as in spirit and mind. It is often difficult to distinguish between a mother of forty-three and her daughter of twenty-two. But it is rare to mistake a man of forty-five for his son of twenty-one.

No attempt is being made here to compare the problems of the man of middle years with those of the woman of the same age. Let me emphasize that this book is devoted to the male, not the female. It is natural for a woman to want to retain her youthful appearance, for she looks her best if she is able to maintain at least the illusion of youth. But the man fails to understand that gray hair, for example, or eyeglasses give him a more distinguished appearance. He has been led astray by the youth cult, whose devotees were at one time the manufacturers, purveyors and advertisers of consumer goods for women, but now

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include everyone. Staying younger than springtime has become a national pastime for men, too. No nation is as youth-crazy as the United States, and the man of fifty who tries to pretend he is twenty is fighting a battle as ludicrous as it is futile.

The years from forty to sixty are, potentially, the most creative and productive in a man's life. He is capable, as a mature citizen, of making his greatest contribution to society and his community. In many instances he is at last in a position to reach the goals that mean so much to him; in the process, not only can he give his family material comforts, but he can achieve his own inner happiness.

Too often, however, he is bombarded by propaganda, direct and indirect, blatant and insidious. Then he tries to pretend he is years younger, which can lead to disaster, or he becomes depressed, throws in the sponge and deprives his family, his friends and his associates of what he can legitimately offer them. Cutting off his nose to spite his face, he is doing even greater harm to himself by missing the satisfactions he can and should be enjoying.

In his anguish, he may turn to some woman other than his wife, he may seek solace in liquor, he may brood, he may become the victim of imagined or real mental and physical disorders. The victim of self-delusion, he forgets that his fortieth birthday, or his fiftieth, is a small marker, not a tombstone. He makes the middle years a problem instead of grasping the opportunities that beckon to him. Frightened, stubborn and depressed, he is afraid his youth is going, and he fails to utilize the best decades of his life, the golden years.

Europeans are often startled by the American preoccupation with a man's age rather than with his accomplishments. A distinguished French psychiatrist, paying his first visit to the United States, attended a dinner party in New York and later discussed the experience with me. He told me, frankly, "I had been warned what to expect, but I was startled, even though I had thought myself prepared. The guests at the party were business executives, lawyers and physicians. One or two were in the creative arts, and so were some of their wives.

"The ladies, in subtle ways, made leading remarks in order to discover my age. The men were blunt and open, and nearly every one asked, 'How old are you?'

"I was tempted to reply that anyone interested in the number of years I have spent on this earth might also want to know the state of my physical health, whether I am happy and whether I possess the ability to adjust successfully to my environment."

The harried American of middle years thinks constantly about the silver threads replacing the gold because the society in which he lives focuses a spotlight on age. As a consequence, the man who tries to follow the common-sense philosophy of "I'm only as old as I feel" may be forced by his wife, his friends and his neighbors to behave like a boy instead of a mature adult.

I am *not* advising the man of forty to sixty to retreat to an overstuffed chair and stay there. If you find genuine pleasure and gain real satisfaction looking and acting younger than your years, you should indulge your whims. Hair dye and a waist cinch can help some to enjoy life,

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and there is no reason they should deny themselves these or other aids. But one man's simple hair dye is another's poison.

The man who feels foolish or guilty is increasing his pressures and doing himself more harm than good. When he asks a barber to color his hair because his wife has been nagging him, because he wants to look young and alert in a new job, because he is trying to make an impression on a girl who hasn't the sense or experience to know that aged-in-the-barrel bonded whiskey is smoother and mellower than that which is raw and newly distilled, he is asking for trouble.

He secretly fears he is making himself a laughingstock, that he can't live up to his appearance. He has dieted violently rather than sensibly, and although he may look trim, he has actually weakened himself. Driven by his anxieties beyond the limits of his natural capacities—which are healthy and strong—he inevitably fails, be it as a lover, a golfer or a businessman.

If he were wise, he would let others dye their hair and eat sandwiches of cottage cheese and noncaloric gluten bread. He is an actor playing a role that makes him uncomfortable, and instead of utilizing the knowledge and experience he has gained through the years, he expends so much effort maintaining a pretense that he wastes his intelligence and strength.

Why Do We Worship a False God?

There are many reasons why the cult of youth is pursued so vigorously in the United States, not the least of

them historical. The roots of our culture were planted by young men: the Pilgrim "Fathers" were not graybeards. We are inclined to think of Plymouth Colony as a community of somber ancients, but only Elder Brewster was middle-aged; Governor William Bradford was in his early thirties, and most of the others were in their twenties. The Pilgrims set a precedent that has been followed for almost three hundred years.

The vast majority of later immigrants to the New World were restless, ambitious men and women who were dissatisfied with conditions in Europe and crossed the Atlantic to start new lives. They had accumulated little property and social status, their emotional ties with their homelands were weak. Many were men and women in their twenties; a surprising number were boys and girls in their teens. The mature, who had more to lose, materially and emotionally, stayed in the Old World except when extremes of poverty or persecution drove them out.

A direct consequence has been the image of a *young* man as the American hero-symbol in our culture. A recent study reveals that in eighteenth-century literature the average age of the American hero in works of fiction was twenty-two; in the nineteenth century he was twenty-four. Today he is twenty-nine, a hopeful sign, perhaps, that we are finally beginning to grow up.

Our civilization has been unique in its worship at the altar of youth. In continental Europe and in England the trend has been in the opposite direction. There, in spite of the alleged influence of American motion pictures and the unprecedented economic boom of recent years, the

man who is less than thirty-five is still believed to be callow. One is regarded as in the prime of life between the ages of thirty-five and sixty; a responsible man doesn't marry until he has established himself, regardless of whether he is in business or a profession, whether he is a tradesman, a politician or an artisan.

A good barometer of the European attitude is its entertainment and advertising worlds. Women may be young, even baby-faced, but the overwhelming majority of heroes of English and Continental novels, plays and motion pictures are mature. So are the men portrayed in advertisements for more consumer goods. They have carved their niches and made their reputations; they are, in fact, interesting to the opposite sex *because* they possess a depth of understanding that is lacking in the young. They are not ashamed of the gray at their temples; their physiques have filled out and are solid—although not bulging—and it wouldn't cross their minds to read without their glasses. What's more, their women think they are attractive when they wear reading glasses.

Equally significant, the villains of Europe are mature, too, just as they have been for centuries. Pick up almost any work of fiction at random, regardless of whether it was published yesterday or three hundred years ago, or, if you prefer, go to the theater in London or Paris, Stockholm or Rome. In most cases the seducer is not a boy with a crew cut and adolescent smile. Like the protagonist, or hero, he is mature. It is the very quality of maturity that makes him dangerous and worthy of respect. He knows

precisely what he is doing and, even more important, why he is doing it.

How Old Is Old?

A noted French man of letters referred, in a famous statement, to forty as the old age of youth, and to fifty as the youth of old age.

Everyone has heard it said that "life begins at forty." Some believe it, some don't. In general, the fortieth birthday seems to be the most difficult for many men to accept. It is a barrier that represents the "passing of youth," and they mourn—prematurely. The fiftieth birthday is easier to accept with good grace. A man whose mental attitude is healthy has become adjusted to the differences in what he was and what he is now; he not only realizes he isn't a boy any more, but he has stopped wanting to be a boy. He has, if he is wise, learned that the advantages of the middle years outweigh the seeming handicaps.

Using a strictly biological definition, aging is a process that begins at birth. The skin cells and red blood corpuscles of the youngest infants age and die. It is not the aging process itself, then, but a sense of psychological aging that is the fundamental cause of the male crisis. The young, whose lives are still to be lived, who have not yet been scarred and jarred by the buffeting that awaits everyone, are careless, and the passage of time means nothing to them.

But anyone of forty or over inevitably realizes that, sooner or later, the road does come to an end. Even those

who exercise regularly and control their diet are inclined to develop paunches; hair turns gray, vision and hearing may become somewhat impaired. Illnesses become more frightening because everyone knows childhood friends or schoolmates or business associates of the same age group who have died.

Younger men in the office receive promotions and forge ahead. A man reads in a newspaper that someone has won a prize, made a discovery, invented something of value, and is shocked to find, "He's years younger than I am." Eventually, every man reluctantly says to himself, "I'm growing old."

The *way* he says it is all-important. Age, as those who adjust to the passage of time learn, is relative. Statesmen and legislators can be as powerful and vigorous in their seventies and eighties as they were when younger. In many cases they reach their prime in what is generally believed to be "old age." Sir Winston Churchill, Charles de Gaulle, Konrad Adenauer, demonstrated their greatness when "old"—as did Speaker Sam Rayburn of the United States House of Representatives.

But a professional baseball player has almost always passed his peak by the time he reaches his mid-thirties. If he is still active and proficient after he reaches the age of forty—and only a Warren Spahn or a Ted Williams, an Early Wynn or a Stan Musial, achieve the "miracle"—he is hailed as a wonder.

Many police departments in the United States believe that a patrolman becomes less efficient at some time during his fifties. Perhaps he does, but a Robert Frost continued

to write great poetry in his eighties, and a Bernard Baruch lost none of his skill and acumen as a financier after he celebrated his eightieth birthday.

Aging, then, is related to the work one does, and this, in turn, influences a man's thoughts about himself. Studies have shown that men in the laboring class are more inclined to think of themselves as old when professional men still consider themselves middle-aged. Similarly, the working class man thinks of himself as a full-grown adult at an earlier age than does the man who works in an office.

The reasons for this difference in attitudes are simple: the worker spends fewer years at school and starts to earn a living at the age when someone who is going to become a lawyer or physician is just beginning his higher education. The earning capacity of the laborer depends on his physical strength and skill, which wane more quickly, in many instances, than the intellectual prowess of the academician or architect, who may be able to perform useful functions long after the laborer has retired.

Work is not the only yardstick, however. What are a man's other interests? How does he spend his leisure time? In general, it should be remembered that we live in a world of changing standards. It is no longer true, as it was only three quarters of a century ago, that a man is judged only by what he achieves in his work. His place in his family, his church and his clubs or fraternal organizations can mean as much and more than his vocation. So can the role he plays in the affairs of his community, the effort he makes in furthering a worthy cause. All that matters is what he himself feels and thinks. Therefore, obviously, he may

find happiness in something other than contributing to society. The well-adjusted man may be at peace with himself and the world when he quietly reads a book, calmly fishes from the end of a pier or plays a harmless game of cards with friends.

The "secret" of aging gracefully is whether a man is contented, and contentment doesn't just fall out of the sky into his lap. It must be earned, and those who are unwilling to make the effort automatically condemn themselves to years of self-pity, misery and premature senility.

Groundless Fears of the Middle-aged Man

Just as it is childish to pretend that you are not growing older, so it is harmful to be afraid you will become senile or aged before your time. There are a number of steps in the aging process, all of which will be discussed subsequently, but it may be helpful for you to know, at this point, the actual nature of aging:

1. There are the changes that take place automatically as you grow older. In a woman, the menopause, or "change of life," is both physical and mental. A man goes through a process called "the male climacteric," a process that is mental rather than physical, as we shall see.
2. The process of biological degeneration is closely related to the retrogression mentioned above.
3. A diminishing of functions results, both physical and mental, followed by the loss of some of these functions.

4. There is less recuperative power after illness. The young recover quickly; later in life, the healing process takes longer. A broken bone in the arm of a boy of ten will heal far more rapidly than it will in a man of eighty.

The man of forty to sixty becomes aware of these changes for the first time in his life. In some instances, the realization that he will grow old someday comes to him as a sudden shock; in others, the knowledge dawns gradually. Regardless of how the truth strikes home, it does hit him, and he may be overtaken by fear, his greatest enemy.

He used to say, "It can't happen to me." Now he knows it will happen to him.

But it won't happen for a long, long time—provided that he masters his fears instead of allowing them to master him. If he surrenders to them—and a surface attitude of defiance is as much a surrender as pulling the blankets over his head—the aging he fears will drag him down many years before his time.

He is actually in the prime of life, *if* he knows it. But if he allows his fears to conquer him, he stagnates, both physically and mentally. His body and mind begin to degenerate more rapidly; they have nothing better to keep them occupied. He feels he has outlived his usefulness to his family, to his work, to his friends, to society. People rarely value an individual's worth more highly than he values it himself, and if you say, "I'm no good any more," society is likely to take you at your word. The fearful man thus makes his own nightmare come true. He has been

afraid that people will turn their backs on him, and they do. What he fails to understand is that his own evaluation of himself has caused them to reject him.

The man who knows what growing older means, who conquers his fears through understanding them, is the man who will continue to lead a vigorous, healthy and useful life. Every medical practitioner has learned from experience what the statistics of clinics and hospitals repeatedly indicate: the symptoms of physical illness may be secondary to emotional problems in as many as three out of four patients in their forties and fifties.

The most common fear during the middle years is the nagging, haunting suspicion that sexual potency is waning.

Most men worry needlessly. They are sufficiently potent to give and receive full sexual satisfaction, *if* they can rid themselves of their fears.

"Doctor, I'm afraid I'm becoming impotent" is a familiar complaint.

If you are concerned about your potency, I say to you what I have said to many patients: an understanding of the sexual life of the middle years, a knowledge of the mental and physical adjustments that every man must make, will help you to get rid of your fears.

We will look into this fear of impotence—the almost universal problem of the man of forty to sixty—in the next chapter.

3

Sex Problems of the Middle Years: The Fear of Impotence

A COLLEAGUE WHO PRACTICES INTERNAL MEDICINE TOLD ME recently about a patient whose problem he helped dissipate after a frank discussion of a quarter of an hour.

"Doctor, I'm finished," the forty-one-year-old patient told him. "My wife and I enjoyed sex relations every night when we were first married. Now we rarely go to bed together more often than twice a week. Soon," he continued gloomily, "it will be once a week. And in another year or two, I suppose, we'll just have to sit and look at each other."

"How long have you been married?" my colleague asked.

"Sixteen years."

"In other words, you were twenty-five, and your wife—"

"Twenty-two."

The physician firmly explained the basic facts of life to the patient:

1. When people first marry, they almost invariably enjoy sex relations more frequently than they do later in their marriage. The experience is new, and novelty is exciting.

2. Too often, couples form rigid habit patterns and fail to change, experiment or introduce new, different elements in their love-making. Even someone who has an almost insatiable craving for beefsteak grows tired of a monotonous diet of steak, three times a day, every day. Married couples should not be afraid to vary their love-making techniques.

3. The husband of forty-one is no longer the young man of twenty-five, the wife of thirty-eight no longer the girl of twenty-two. At twenty-five, the husband was just starting his career, after military service. Now, at forty-one, he was a responsible executive in a large corporation. He worked harder, he often brought a briefcase home with him, he frequently spent his evenings worrying about complicated business problems. He was a responsible, mature citizen, earning a salary several times greater than he had at twenty-five. His wife was now the mother of three growing children, and her family and housekeeping kept her busy. Therefore it would have been unusual if the couple had enjoyed nightly sexual intercourse. They had become adults, and their twice-weekly enjoyment of relations was, in their case, completely normal.

The doctor then asked his patient if he felt dissatisfied with his sexual life. The patient insisted that both he and his wife were contented with it. The doctor then explained that satisfaction rather than frequency was the proper measuring stick. As both husband and wife were contented, their sex life was healthy.

Subsequently, my colleague told me, the wife paid him a visit, and he offered her the same explanation.

The couple stopped worrying needlessly. "We were silly," the husband said later, "to stew about nothing. We should have realized without having to be told that we aren't kids any more. We relish going to bed together twice a week. If I've had a particularly rough time at the office, or if my wife has been coping with extra domestic crises, we may even have intercourse less frequently. But very often we go to bed together *more* frequently, particularly when we go away on a trip by ourselves.

"We've learned to stop counting. It's that simple. And we know we have many, many years of sexual pleasure ahead."

Fear, the Common Denominator

The man of forty to sixty who is afraid that his sexual potency is waning is denying himself what could, and should, be the most sexually satisfying years of his life. That fear lies at the root of most of his problems, creates most of his anxieties, causes most of his neurotic upsets and is responsible, indirectly, for many of his physical ailments.

He is the victim of self-delusion, inadequate education and the demands of a society that claims virility is the exclusive property of youth, and the man who gives in to these fears is his own enemy.

When Does Sexual Potency Decrease?

Fondly and falsely, the mature man recalls his youth and, allowing his memory to gild the past, thinks of the time when he was seventeen or eighteen as the brightest years he has known. It is true that he reached a peak of sexual potency during his youth; it is equally true that his virility was almost unlimited. What he forgets is that his sexual appetites were rarely satisfied, that an orgasm meant little or nothing to him and that he usually sought a new adventure even before he was finished with the old. His restlessness, his inability to find tranquility in a sexual partnership, were signs of his immaturity, and he rarely discovered more than fleeting pleasure, almost never enjoying more than a transitory release.

When the human male reaches the age of eighteen—or in some instances nineteen or even twenty—his sexual potency has reached its peak and begins to wane. It continues to decline, at an almost imperceptible pace, for many years. Although no two men are alike, it is safe to say that there is, in general, no marked physical decrease in potency until the age of sixty-five or thereabouts.

At first glance, nature seems to be playing a fiendish trick on men, granting them the greatest potency when they are of an age when they can least appreciate the gift.

A closer examination of the situation reveals that this hypothesis is false, however. When a man reaches his forties and fifties, he has become a complex person. If he is an executive, these are the years in which he is striving hardest to reach the top and to make his grip more secure when he takes his place at the pinnacle. If he is a professional man, this is the period in which he creates his niche and attains the recognition and security he seeks, or stumbles into oblivion. If he is a laborer, he has become a foreman or a responsible senior member of a working crew.

He undergoes his greatest financial strain during these same years, in many instances. The education of his adolescent children costs more than it did when they were younger; he lives in a larger house or apartment than he did when he and his wife were first married. The drain on his wallet is constant.

In brief, then, he is subjected to far more stresses than the youth of eighteen or even the carefree young man of twenty-two. It is no wonder, then, that he is less interested in nightly sex relations with his wife. It would be something of a miracle if he were. On the other hand, if he had nothing else to occupy his mind, energies and time, there is no physical reason why he should enjoy fewer intimacies with her than he did when they were younger. Many men are startled by their renewed vigor when they go on vacations, but the fact of the matter is that, like the boy of eighteen, they can spend more time thinking about sex. They have shed many of their responsibilities while they are on holiday, and can therefore act accordingly.

Another factor, perhaps the most important, is the differ-

ence in the satisfaction obtained in sex relations with a woman whom a man loves and that which he finds in sex-for-its-own-sake-with-any-woman-who-happens-to-be-handy. One of the great falsehoods that has crept into the culture of Western, monogamous society is that man is promiscuous by nature and that woman is not. The differences are those created by the taboos and beliefs of civilization, not in the physical or psychic demarcations of the sexes. Man is actually no more and no less monogamous than woman, and she is no more and no less promiscuous than he.

It is possible to obtain complete sexual satisfaction only with a partner whom one loves. Emotional fulfillment is as vital as erotic pleasure.

Therefore the happily married man, regardless of whether he is thirty or sixty, will find infinitely deeper and more lasting satisfaction in a single sex act with his beloved than a boy of eighteen can find in a dozen adventures with as many girls. In all probability, if there is true love, the man of sixty—and his wife—will enjoy an even more blissful communion than the couple of thirty. Love, like wine, improves as it mellows.

Frequency of Sex Relations

The man, worried by his seeming decline in potency, is the unsuspecting believer of propaganda he himself created, in ignorance, as a boy.

The youth, never satisfied and always on the prowl, knows too little of life to understand much beyond the crudest manifestations of the sex act. The joys to be found

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in the erotic subtleties of the foreplay that precedes intercourse are at best dimly glimpsed, and although he strives toward them, he cannot grasp that which he is as yet incapable of enjoying. Similarly, he cannot yet understand love, meaning here the intricate relationship that exists between a man and woman who are emotionally close to each other.

So the youth sets up his own standard, that of frequency, and measures his virility by the number of acts of sexual intercourse in which he participates during a given period, be it a night, a week or a month.

Too often the man clings to this standard, not realizing that the whole system he and his colleagues devised a quarter of a century earlier is as old-fashioned as a Model-A Ford would be in his garage.

If *both* partners find fulfillment, frequency, as such, is irrelevant; certainly statistics are meaningless. It does not matter whether a man has intercourse several times in a single night, whether he has intercourse nightly, twice per week or twice per month. The mature man knows he must give as well as receive pleasure and that "keeping score" is a waste of time and energy.

There is no "average" and there is no "norm." The only true standard is whether a man and his partner find contentment.

The man who must "prove" his virility by driving himself to sexual excesses is less a man than he who learns a pattern satisfying to his partner and to himself and who relishes his sex life. He who keeps score is too busy to find real erotic pleasure.

Kinds of Love

I have mentioned the word *love* frequently in this chapter. It is time to examine the meaning of the word and, in the process, to probe the problems the man of forty to sixty frequently faces because he misunderstands the meaning of love.

Perhaps it might be wise to state, first, what love is not. As virtually every man knows, the biological act of sexual intercourse, in and of itself, is not love. In wild animals, the act of sexual intercourse is rigid and follows a precisely predictable pattern. In humans, only the orgasmic contractions and pelvic thrusts of the final seconds are involuntary and automatic. Everything that precedes the climax is variable. In other words, no two couples necessarily will "make love" in precisely the same way.

What enables man and woman to display this variety? The same qualities that separate them from the lower orders of mammals: insight, learning and intelligence.

Humans and animals are comparable, then, only in the overt, final sex act they perform. What goes on in the human emotions is what sets man apart, gives him the ability to "love"—and can create problems for him. Biologically, of course, the so-called instinct theory which was first stated by Freud is valid. Man, equipped with strong erotic instincts, perseveres in his attempt to effect a physical contact of erogenous zones and, subsequently, to bring his desires and those of his partner to an orgasmic climax.

In love, man establishes a sexual liaison with his partner because of complex feelings for that partner which include

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many aspects other than physical desire. Poets and philosophers have been struggling for centuries to find a precise meaning for *love*, and I don't intend to compete with them. For our purposes, the following will suffice. When a man loves a woman, he

1. Is erotically attracted to her, and wants to consummate a physical union with her
2. Feels a desire to protect her
3. Needs to know she depends upon him
4. In turn, is willing to acknowledge, at least to himself, that he also depends upon her
5. Feels tenderness for her
6. Is tolerant of her errors and wants her to tolerate his mistakes
7. Wants to spend the rest of his life with her, living together
8. Wants to sire her children
9. May or may not respect her intellect, strength, weakness, skills, or whatever, but does respect at least some phases of her personality, or psyche
10. Values her companionship
11. Gives her as much loyalty as he is capable of feeling and demonstrating
12. Demands her loyalty in return

The man who loves his wife and is loved in return has relatively few sex problems in his forties and fifties, or at any other age, that cannot be worked out with her in a mutual spirit of good will and intelligent understanding.

However, there is another kind of love that causes more difficulties for the man of middle years than any other. A brief example will illustrate the basic problem; undoubtedly the outline is familiar to every reader acquainted with an appreciable number of men in the forty to sixty group. In this instance, the man was recently a patient of a colleague whom I have known since our medical-student days.

Joseph L., forty-nine, was a successful business executive, a city dweller who lived with his wife and two teen-aged children. Married for twenty-three years, he had been seemingly happy in his domestic as well as his vocational life and, except for two minor lapses that had occurred during the early years of his marriage, had been faithful to his wife, with whom he enjoyed mutually satisfactory sex relations. Six months before his fiftieth birthday, while his family was spending the summer at a rented cottage in the country, he became involved in a serious affair with a flashy blonde who was literally young enough to be his daughter.

When Mrs. L. returned from the country, her husband confronted her with a demand for a divorce. Sensibly, she refused, hoping he would "come to his senses." The affair continued for four additional months, during which time Joseph L. displayed numerous signs of anxiety and tension, was frequently irritable and drank more heavily than had been his custom.

His work began to suffer, and when he became aware of the seriousness of his problem, he voluntarily sought

psychiatric assistance. The physician, realizing that prolonged therapy was unnecessary, treated him for the specific neurotic tendency he was displaying. After fourteen visits to the physician during a period of seven weeks, Joseph L. terminated his affair and returned to his wife, who forgave him. His tensions showed a marked decrease, and within another few months he and his wife resumed their normal, congenial pattern of living.

The case of Joseph L. is being repeated daily, with variations, in thousands of instances. It is significant in his case to note that he did not believe he was merely having a cheap fling. On the contrary, he convinced himself he was in love with the young woman and clung to that belief for approximately a half year. His story is unusual in some respects: a man of considerable intelligence and insight, he gradually came to realize that he was not achieving the happiness he was seeking and that, instead, he was creating more problems than he was solving. Most men in his place do not seek medical help until forced by crises or led to therapy by others. Here again, his ability to understand himself was out of the ordinary, and he showed emotional maturity and strength when, completely on his own initiative, he sought assistance.

There are men who engage in clandestine affairs with younger women while trying, simultaneously, to prevent the destruction of their marriages. They have no intention of forming a permanent liaison, but go into an affair relatively open-eyed, yet without knowing why they are engaging in such frivolously adolescent behavior. Others,

like Joseph L., persuade themselves they are "in love." Not all wives are as wise and far-seeing as Mrs. L., and many, crushed by their husband's infidelity, take the initiative in seeking a divorce. Often the unfortunate man then marries the younger woman, with consequences as catastrophic as they are predictable.

Let us go back to Joseph L. for a moment. What impelled this sober, conservative man, whose love for his wife was genuine, to throw himself into an irresponsible affair? And what caused this man, who should have known better, to imagine that he loved the young woman?

The psychiatrist, after his first exploratory sessions, understood Joseph L.'s trouble. The physician knew, as the patient did not, that there are two kinds of love, and was able to distinguish between them.

There is real love, which we have already discussed, in which a man forms and maintains a sexual liaison because of his genuine love for his partner.

The other type is narcissistic. For our purposes, narcissism may be defined simply as abnormal self-love, or loving self more than the object toward whom expressions of sexual desire and affection are directed.

Joseph L.'s partner in illicit romance was the direct object of his sex liaison, of course, but his affair had only one true purpose, that of reassuring himself that he was still sexually attractive.

Approaching his fiftieth birthday, Joseph L. was afraid he was becoming impotent. He and his wife enjoyed intercourse less frequently than they had in the past, and he became afraid he was growing old. He was afraid, too,

of approaching death. Therefore he sought, and found, a love object that was perfect, momentarily, for the purpose of restoring his self-confidence. He pursued a girl to whom many younger men were paying court, and he won her away from them. When he was alone with her, and when they appeared in public together, too, her flashy beauty was proof that he had not slipped, that in spite of his receding hairline, wrinkles and approaching fiftieth birthday, a lovely young woman still found him attractive.

Infinitely more important to him than the outward signs of youth was his ability to perform the sex act with the girl as though the years had fallen away. He had become accustomed, in his relations with his wife, to a long and leisurely period of sexual play prior to coitus. During the early days of his affair, he was elated to discover that he was as eager and virile as he had been a quarter of a century earlier. He found that, although the period of precoital play was much reduced, his potency seemed to soar. He reverted to the numbers game of his youth and, like a youth, counted the times he and his mistress performed the act.

He failed to realize, of course, that the novelty of the experience and the aura of conspiracy that surrounded the affair in its first days created an atmosphere that enabled him to return to earlier patterns of sexual behavior. Later, when his wife had learned about the affair and the element of intrigue was removed, when familiarity with his mistress diminished his sense of excitement, he found it difficult, if not impossible, to maintain the pace he had established with the girl. Hence his irritability and tension.

He was a man, and felt frustrated because he could not respond to his young partner like a boy.

When Joseph L. learned, in his therapy, that his fears of impotency were groundless, that he still had many years of erotic pleasure before him—provided he did not tax his strength—he began to gain an insight into his problem. The knowledge that he actually loved his wife gnawed at him, and he was relieved when he finally understood that his blonde mistress had been only a symbol of reassurance. As a person, in and of herself, she meant nothing to him.

Thus Joseph L. learned that he was a victim of the classic situation which Kinsey first exposed to the general public: the rate of frequency of sexual intercourse of the mature man falls gradually until he meets new partners and adopts new sexual techniques in his relations with them; and then, usually within a few months, it drops to his previous level.

He also learned that his inability to maintain an erection for a prolonged period was not a sign of increasing impotence. He finally realized that his failure to achieve repeated climaxes within a limited period of time was normal, too. Had he studied Kinsey's statistics, he would have seen that this capacity had actually changed very little from, roughly, the age of thirty to thirty-five and that it would stay at more or less the same level, declining very slightly, until he reached his sixties.

Oddly, had he remembered something he had known instinctively in his youth, he might have been less confused about the nature of his "love" for his mistress. As every boy in his teens realizes, there are "two kinds of girls—the

kind you can introduce to your mother and the kind you can't." Put in other terms, there is, in almost every male, the capacity to distinguish between the woman whom he might love and the woman who merely gives him a reassuring glimpse of himself in the mirror of his ego that proves he is a sexually attractive fellow.

Changes in Sex Appetites with Advancing Age

The relatively well-adjusted man is similar to what he had been as a youth, with one difference: he has learned temperance. The neurotic man, who has not been treated for his ailment, changes less. The Don Juan type—the man who has secret inner doubts about his masculinity and must prove his virility to himself by repeatedly engaging in one sexual liaison after another—probably followed the same unsatisfactory pattern in his youth.

It has been established that youthful attitudes and tendencies remain active into old age. It is of the greatest significance that the man who is alert and unafraid to assert himself is less likely to develop neurotic traits as he grows older. Similarly, the alert man maintains a livelier interest in sex than someone who becomes sluggish when he rounds the bend of forty or forty-five, fifty or fifty-five, gives up the struggle and says, "I'm growing old."

One of the most popular and enduring misconceptions about the sex life of the mature man is that his physical potency decreases if he fails to take part in intercourse regularly. This belief is widespread, and may even be traced to primitive peoples. Peruvian Indians have long been convinced that a man's testicles shrivel in his middle

years unless he deliberately keeps up a vigorous sex life; Eskimos and some of the Melanesian tribes of Indonesia and Fiji hold the same opinion. And even in our more advanced society, many an educated man suspects that this theory is valid.

Nothing could be farther from the truth.

At the same time, however, it has been demonstrated that the man who allows his active sex life to diminish appreciably in his forties and fifties does lose his sex appetites more rapidly. However, the causes are mental, not physical. He is the victim of a vicious cycle he himself has created: fearful that he is becoming less potent, he deliberately, consciously turns away from sex, and although his subconscious erotic urges may remain strong, he directs his conscious thoughts and energies into other channels. As a direct result, his work or his hobbies or any of a thousand other distractions take the place of sex in his life. He may become glum and morose, or tense and anxious, not realizing that he himself has dammed up a natural outlet that demands expression.

Other men take the opposite approach. "Time is racing," they tell themselves, "so I've got to make hay while the sun shines. I've got to crowd in as much sex life as I possibly can, now, before I lose my potency."

The man who takes such an attitude is asking for trouble.

The Fallacy of "Making Up for Lost Time"

I am grateful that a friend and fellow psychiatrist has granted me permission to publish the following case

history, which demonstrates the futility of trying to make up for what some men think is lost time. Certain personal details have been altered in order to protect the privacy of the individuals concerned.

Franz R., who was an adolescent when he migrated to the United States with his parents in the early 1930's, is now a thoroughly "Americanized" professional man in his early forties and makes his home with his wife and twin sons in the suburb of a large city.

His marriage was successful, and he and his wife were popular with a large circle of friends. Franz R.'s conduct on social occasions was usually pleasant, slightly reserved and always sober. He frowned on the typically free-and-easy surface moral standards of suburbia, disapproving the surreptitious exchanges of kisses, close dancing and similar flirtatious expressions of love-play between couples who were not man and wife. He was considered shy by most women and many of the men in his social group.

Shortly before his fortieth birthday, Franz R. began to brood, spending long hours staring silently into his living room fireplace and frequently becoming quarrelsome, finding faults in the behavior of his wife and sons. Mrs. R. gave a surprise birthday party for him, and he disgraced himself by drinking to excess, cursing wildly and, finally, becoming ill. For several weeks thereafter he continued to brood, then suddenly demanded a more active social life.

The friends of Franz and Mrs. R. were startled by his abrupt transformation. He became the first to indulge in petting with the wives of other men, and soon made it

clear to several women that he wanted to have affairs with them. Several couples began to avoid Franz R. and his wife. The climax came at a party when he became embroiled in a violent fist fight with a neighbor whose wife he had tried to seduce earlier in the evening.

His reputation as a professional man at stake, Franz R. was persuaded by his wife and several friends to seek psychiatric assistance.

The physician found the root of Franz R.'s problem very quickly. His parents had been poor during their first years of living in the United States, and he had been forced to find a part-time job to augment the family income. His work, combined with his early struggles as he learned English, made him feel cheated. Other boys had ample opportunity to go out on dates with neighborhood girls and schoolmates, but his social life was restricted. His shyness had become habitual by the time his parents' fortunes improved and he was sent to college.

Hearing others at college boast of their sex adventures, as younger boys had done previously, he felt envious and became convinced that others were enjoying a life of which he was almost totally ignorant. Actually, the opposite was true. He saw less of girls than did many of his contemporaries, but his exploits were more or less comparable; he enjoyed as many successes and suffered as many failures, embarrassments and rejections as did the more boastful, who exaggerated their victories and made light of their defeats.

Franz R.'s sense of having been cheated remained dor-

mant in his mind until his fortieth birthday approached. That magic number convinced him that his life was slipping away too rapidly, and in alarm he literally tried to make up for lost time. The urge to grasp what he believed had been denied was so compelling that he risked his marriage, his profession and his standing in the community in a wild attempt to compensate for his imagined diet of sexual starvation in his youth.

Twenty-four interviews with the psychiatrist, conducted over a period of nine weeks, were sufficient to rid him of his false fears. His relief was great when he learned he had been deluding himself and that the boys he had known in high school and college, like his present neighbors, had demonstrated no greater skill nor had been more successful than he in their attempts at sexual conquests.

The first half of the battle won, his current fears were allayed when he was taught that many years of active sex life remained in his future and that he could enjoy erotic pleasures to the full with his wife, whom he loved. Once again, the villain in the case had been the fear of rapidly approaching impotence, a notion as false as the other products of his imagination.

Franz R., like so many men with a similar problem, was able to make a relatively swift adjustment to reality. However, his fears have not been totally eradicated. His social manner is again reserved and gentlemanly, but occasionally he still feels inclined to stray. On festive occasions in particular, when liquor has released inhibitions and he sees others behaving with a sense of abandon, he is inclined to slip. However, he has learned enough self-control to

check his impulsive gestures, and his transgressions are sufficiently mild that his wife's friends regard him as "safe."

Frequently a man's feeling that he has been missing something in his sex life does have a sound foundation, to the extent that his sex education was inadequate. Too many men regard the act of coitus as an entity, something to be performed quickly and forcefully, and are disinterested in the "forepleasure" which is regarded as so important.

They fail to realize that the very anticipation of the act of coitus is pleasurable and that the performance of acts leading up to consummation are pleasure-creating, in and of themselves. Erotic foreplay, including touching and looking, and involving erotic zones of the bodies of both the man and the woman other than their genitals, creates pleasure. The act of coitus, of course, creates a different kind of pleasure, that of utter satisfaction.

But the satisfaction can be inadequate if the foreplay is too abrupt, too brief. By the time a man has reached maturity, he requires the anticipatory pleasures of foreplay in order to savor the consummation. Fortunately, there is a natural tendency among most people to prolong the appetite-arousing acts, so that even a lack of an appropriate sex education is not an insuperable barrier. Unless inhibitory walls are too high, or a man is suffering from fatigue or melancholy, his biological instincts will come to his aid. Then, quite naturally, he and his partner will prolong their foreplay.

Generally speaking, the problems of impotence in the

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man of forty to sixty can be summarized in a single statement: they exist in his mind, not in his body. He is impotent—or is becoming impotent—only if he believes that his virility is waning.

However, there are real problems of impotence. A man of middle years can become a victim of some form of the disorder, but the problem is not necessarily confined to the forty to sixty age group, as I shall explain in the next chapter.

4

Sex Disorders: Real Impotence

HAVING EXAMINED FEARS OF IMPOTENCE AND FOUND MOST of them to be physiologically unjustified, let us turn to the problems of real rather than imagined impotence. The man of forty to sixty can take heart, for the affliction is not his alone, but strikes every age group. A reason that many men of forty to sixty become partly or completely impotent is that they have been subjected to an accumulation of anxieties, stresses and hostilities that have built, layer upon layer, through the years.

Impotence does not necessarily mean a lack of interest in sex, nor need it be caused by a physical disability. There are medical cases on record in which men who have lost their testicles have retained a sharp interest in sex and

have been able to maintain erections. A man is impotent when he is unable to achieve an erection or, having achieved it, is unable to maintain it sufficiently long to enter the female and engage in coital movement before he ejaculates.

It is possible for an infection of the genitals or some other physical disorder to cause impotence. A man suffering from such a disorder should consult his physician, who will, if he finds that the patient is ill, send him to a specialist in genitourinary afflictions. It will suffice here to say that the man of middle years is no more and no less prone to these diseases than men of any other age. Other factors, such as the state of an individual's physical ability to resist infection at any given time, are more important. Just as the rain falls on the just and unjust alike, so disease may strike impartially.

Most cases of impotence are caused by emotional disturbances, however, and I will concern myself with them. These are the neurotic disorders in which the patient shows little, if any, organic change.

Degrees of Impotence

Impotence in man, like frigidity, its counterpart in women, occurs in relative degrees:

1. Beginning with the worst, complete impotence, in which the man is totally disinterested in sexual intercourse. It should not be assumed, though, that such men are disinterested in women. Many display a considerable interest, are solicitous and tender in their relations with women

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and frequently marry. As all physicians know, cases of complete impotence are usually brought to the attention of the medical profession by the wives of men suffering from this disorder.

2. The man who is interested in sex but remains impotent. This inability to achieve an erection is common, and can occur on occasion in a healthy man who is potent. In such instances, he is suffering from fatigue or anxieties; there may be some temporary obstacle that renders him impotent. He is suffering from neurosis only if his inability to achieve an erection persists. In such cases, the patient often displays an ability to achieve an erection before attempted intercourse, fails at the critical moment, then becomes erect again.

3. The man who ejaculates prematurely, either before his penis enters the vagina of his partner or almost immediately after entry. This is a common form of impotence, too, and one that creates many complicated problems. Although the man manages to salvage some fraction of his ego because he has displayed his virility, neither he nor his partner has enjoyed the coitus. On the contrary, both are frustrated, and subsequently suffer from a variety of physical reactions ranging from the extremes of rage to melancholy.

4. The man who achieves an erection but is unable to achieve an orgasm or whose ejaculation is retarded for an unduly long period. In such cases, coitus is frequently prolonged, and continues until the man is physically exhausted but remains unsatisfied.

5. The man whose erection is inadequate. He is interested in sex relations but frequently is incapable of achieving an erection when he and his partner desire it.

6. The man who is potent, and who, physically, has coitus and ejaculates, but performs the act reluctantly, sometimes even with distaste. Such a man feels a sense of loss. It as though something has been taken from him, thereby weakening him, after he has parted with his semen.

7. The man who is potent, and who, physically, has coitus and ejaculates, but finds neither pleasure nor satisfaction in the act. The partners of such men often obtain full satisfaction, and are unaware of the man's lack of pleasure and satisfaction. In fact, he himself frequently fails to realize that the act is boring to him and that his pleasure is slight or virtually nonexistent.

In order to complete the picture, I must mention what are known as fetishes. The man obtains more or less sexual satisfaction from coitus but demands special conditions in order to achieve his orgasm. For example, a man may become sufficiently aroused only if his wife wears black silk stockings; another will remain impotent unless his wife abuses him verbally or slaps him on the buttocks; still another will not become potent unless he dons some item of feminine apparel.

This list is limited only by the imagination and ingenuity of the partners. I do not mean to suggest that married couples should refrain from expressing their desires or feel inhibited in acting them out. Experiment and invention in foreplay are vitally important elements of a satisfactory sex life, and no one should feel guilt after try-

ing something new in the seclusion of the marital chamber. I am simply pointing out here that the man who is able to sustain an erection and ejaculate at the right moment *only* when certain conditions are present is suffering from a mild form of impotence.

No cure for impotence, severe or mild, can be offered in a book. No two cases are identical, nor are the conditions of living surrounding them. So I can and do suggest firmly that the man who is suffering from impotence, the man to whom impotence is a problem, should consult a physician. Advice and treatment require study of the individual case by a qualified medical practitioner.

The Causes of Impotence

As Freud observed, human beings are governed by their unconscious wishes and are inhibited by unconscious restrictions. When a desire is conscious, it can be handled on a conscious level: we either satisfy it or reject it, weighing various factors, and then accept the solution, sometimes happily, sometimes grudgingly. But unconscious desires and unconscious fears are often completely irrational. A conflict takes place in the unconscious between the hidden desire and the equally hidden attempt to block its gratification. This turmoil is responsible for impotence.

Let me emphasize that there are conscious fears, too, usually "false fronts" masking the truth that lies in the unconscious. For example, here is a case taken from my files, with details altered in order to preserve the privacy of the patient, whom I treated a number of years ago.

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Arnold E., forty-seven, a foreman in a machine shop, became increasingly impotent after twenty years of marriage. When it was no longer possible for him to have intercourse with his wife, Mrs. E. came to see me, and after considerable persuasion, Arnold E. agreed to visit me for a consultation. His attitude was hostile, stubborn and defensive, and he spent the better part of the session claiming there was nothing wrong with him. A few moments before the consultation ended, however, he admitted that he was troubled and agreed to return for treatment.

A heavy-set, physically powerful man with a bullying manner, Arnold E. revealed that, as a young man, he had frequently visited prostitutes but that the fear of catching a venereal disease from one of them had rendered him impotent with them. After his marriage, he enjoyed sex relations with his wife for a number of years; but he said that, because of his great strength, he had always treated her with unusual gentleness. He had been afraid he might hurt her.

That fear of hurting her had increased until it had dominated his thinking. Mrs. E. was a tiny, small-boned woman, almost one foot shorter than her burly husband, and he told me that his fear of injuring her during intercourse had become so intense that he was no longer capable of achieving an erection; their sex relations had dwindled and finally ceased.

I knew that Arnold E. was inventing rational excuses to mask the unconscious reasons for his impotence. In his relations with prostitutes, fear of disease had not prevented

him from continuing to seek the company of such women. And, after his marriage, fear of hurting Mrs. E. had not prevented him from engaging in intercourse with her for many years.

Deeper probing revealed that Arnold E. was suffering from hidden homosexual conflicts. The details are irrelevant in this case history; it is enough that he had sought, in vain, the admiration and affection of his father, who had showered love on his daughters while treating the son harshly. Psychotherapy over a period of two years four months revealed to Arnold E. that he had always envied his sisters and had wished to emulate them; as a child he had become convinced that had he been a girl his father would have loved him. He had clung to this infantile belief when he had grown to manhood.

Arnold E.'s task now was to learn how to live with himself. He understood that his heartiness and blustering manner were part of the façade he had contrived to hide the truth from himself.

In the main, Arnold E.'s therapy was successful. He was able to overcome his impotence and resume sexual relations with his wife. On occasion, however, he still encounters some difficulties and does not ejaculate.

As you can see, Arnold E. was not afraid of hurting his wife, as he had believed. His impotence was, in fact, caused by a far more complex motive, his secret envy of her. She was a woman, hence he was trying to deny her pleasure because he unconsciously wanted to be in her place, living her life. Sexual envy, as such, will be discussed in greater detail later in this chapter.

Fear of Disapproval

The fear of disapproval is present in everyone, male and female. And every person feels, simultaneously, his or her greatest pride and greatest shame in his or her sex organs. In spite of enormous strides made in recent years, sex education is still inadequate, and there are many people who are filled with prejudices, inhibitions and fears of sexual inadequacy. Perhaps some members of today's youngest generation will grow to manhood and womanhood freed of these shackles, but there are relatively few men in the forty to sixty age group—or, for that matter, in the next generation—who grew up in an atmosphere where they were not tainted by sex taboos, prudishness, sly humor or open ridicule.

Therefore many men are afraid their wives will criticize their sexual techniques or prowess. Most of all, they fear ridicule, for it is difficult to shed the embarrassment of childhood. Many marriages have been ruined because a wife, often unknowingly, has made a callous or cutting remark about her husband as a lover. Such slights can, particularly when combined with other factors, pave the road that leads to impotence. The reverse, of course, is even more frequently true: a husband will hurt his wife by making a carelessly critical remark at the wrong moment, and the woman, often the more sensitive of the pair, will withdraw into frigidity. (However, I mention this only to show that, as always, there are two sides to every coin. My concern here is with the impotence of the male rather than the frigidity of the female.)

Fear of Punishment

Once again, inadequate sex education rears its ignorant head. Many boys are taught that sex is evil or bad. Perhaps, in the course of growing up, they are punished by a parent or teacher for showing sexual curiosity, for making clumsy experiments or for masturbating, an infantile practice in which everyone engages and which many do not outgrow.

Later, as an adult, the man discovers that sex can be a pleasurable and satisfying experience. In fact, he finds that under certain conditions it should be both pleasurable and satisfying. He is encouraged, intellectually, to enjoy something he had believed to be evil. His mind tells him that the teachings and prohibitions of his youth are sheer nonsense, but they remain in his unconscious, and no matter how hard he tries to convince himself otherwise, he secretly clings to the belief that sex is bad.

So he fights an inner battle. In some instances, good sense wins out and inhibitions are shed. In others, the claptrap of childhood perseveres, the man is afraid he will be punished if he enjoys intercourse, and he escapes from his dilemma by becoming impotent.

A fear closely related to that of punishment is that of castration. From earliest childhood the boy is proud of his penis, the symbol of his masculinity. When he learns it is something that girls do not possess, his pride increases; he owns something that sets him apart from the female.

Behind his pride there lurks the shadow of fear, however. He is afraid he will be robbed of this precious pos-

session. Sometimes this fear originates in the muddled misconceptions of sex common to all children. Sometimes it is the product of superstition in his family or neighborhood. Occasionally a vicious or unthinking remark by an older person, perhaps a parent, will cause his fear to become acute.

Such a boy may grow to manhood secretly—unconsciously—fearing castration. If his sex education has been inadequate, he may cling to the false, childish ignorant belief that his penis will be injured by the vagina. He may overcome these fears, only to have them stir again in his unconscious when he reaches his forties and fifties.

Why should he be prey to such fears in his mature years, if he has overcome them earlier? The answer, of course, is that he never actually overcame them. For reasons I have explained in the previous chapter, the man of middle years is particularly vulnerable to fears of impotence. His fear of castration, long buried in his unconscious, is now reactivated, and he becomes impotent.

There is also a genuine fear on the part of many men that they might, in intercourse, harm the genitals of their partner. Every man hears garbled stories, usually at some period of his adolescence, from other adolescents, that are lurid, shocking and untrue. In these tales, the mysterious interior of the vagina of a helpless female has been injured beyond repair by the penis of a male who had intercourse with her. Many men who feel inadequate in their knowledge of sex and their application of sex techniques revert, in their middle years, to the irrational fears of their youth.

They know better, consciously, but as we have seen, they are ruled by the unconscious.

Conflicting Loves

Nearly everyone has heard of what Freud called the Oedipus complex the emotional bond that exists between a child and a parent of the opposite sex. Yet many men fail to realize they have never developed beyond the Oedipal stage.

In our civilization, a boy is taught to love and respect his mother. He may be warned it is wrong to love anyone else, and he may even sense his mother's disapproval of the girls whom he dates as an adolescent. He grows to manhood with his mother as his emotional ideal, and he may, because this attachment is so strong, fail to transfer it at the appropriate time. The emotionally healthy man does make this transference, first to the girls he dates and finally to his wife.

The man whose emotional progress has been arrested and who still clings to his mother as his ideal doesn't realize his failure. He marries, yet he continues to love his mother and cannot love his wife. Perhaps he has sought as his partner someone who, either physically or in personality, resembles his mother. Perhaps he even marries a woman whose desire to "mother" him is strong. In either case, the mother substitute is not and cannot actually be his mother, to whom he is permanently attached.

He feels guilty every time he and his wife go to bed together. Loving his mother, he feels he is being unfaithful

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to her when he has sexual intercourse with his wife. If his mother is still alive, he pays special attention to her, calls on her frequently, brings gifts to her, asks her advice—often driving his wife wild in the process, which is not really pertinent here. If his mother is dead, he hallows her memory and builds her up in his mind into a figure of saintly proportions.

But, regardless of whether she is living or dead, she is the woman he loves. He flees from the conflict created when he engages in intercourse with his wife by taking refuge in impotence. Again, he is vulnerable during his forties and fifties.

It is true that men of every age who are suffering from Oedipal difficulties may become impotent, but the man of forty to sixty, who may have overcome or compensated for these problems at an earlier stage, has now reached the age where the fears of the middle years arouse his unconscious, and his partly buried Oedipal conflict becomes stronger and renders him impotent.

Latent homosexuality is another conflicting love that causes impotence. First, a word about heterosexualism-homosexualism. In all probability there is no other phase of the nature of human beings as thoroughly misunderstood. All human beings are bisexual. In the man, the masculine is dominant; in the woman, the feminine dominates. No man should feel ashamed of the female qualities he possesses; every other man has them, too, in greater or lesser degree.

There is a capacity for loving members of the same sex in everyone, and the well-adjusted man forms and enjoys

friendships with other men, rightly with no sense of guilt.

The problems of the overt or active homosexual have no place here, but it should be pointed out that latent homosexuality—an unconscious desire to be a woman or to be womanly—is an important cause of impotence.

In our society, boys are taught to love, admire and respect their fathers. They also form hero-worship attachments, sometimes to prominent athletes, sometimes to older boys who, stronger and seemingly more certain of themselves, arouse the admiration of the young. Without doubt the young boys of today bow low before the astronauts who venture into outer space. All of this is healthy and what it should be.

As the healthy individual matures, the love he has felt for his father, the hero-worship of a baseball star or of an older boy, disappears and is replaced by friendship. But the homosexual element remains active in the unconscious of many men. Some have been pampered and treated like girls as children; in rare cases, perhaps, there is a strong biological imbalance that keeps homosexual desires alive.

The "Don Juan" is a man who has one affair after another and boasts in order to convince others of his virility. He has the affairs in the first place in order to convince himself—and keep himself convinced, a hopeless, unending task—that he is not homosexually inclined.

It is relatively unusual for a man who is a latent homosexual to begin active homosexual activity during his forties and fifties. Generally, overt homosexuals have engaged in love-play with members of the same sex since their teens, their twenties or their thirties.

Another form of conflicting love is self-love, or narcissism. Naturally, every human being is self-centered, everyone loves himself above others, and only through the process of becoming mature does one gradually learn that the more genuine love he gives to others, the more he receives in return. The narcissist does not learn this lesson, however, and remains emotionally immature. Usually he is someone who feels insecure; he lacks confidence in himself; he is afraid that others are ridiculing and deprecating him. There is a distinct possibility that he may have had experiences early in life that turned his love inward. It is also possible that he was deprived of affection as a child, and as a consequence had to feed on his own love.

Such a person can only think and feel in terms of himself. His entire being revolves around what he has done, what he is doing, what he intends to do and what he would like to do. A story about a narcissistic actor illustrates the point. The actor, attending a party, became engaged in conversation with an attractive young lady, and spent an hour or more discussing his past triumphs, his personality, his ambitions, his current role. Finally he said to the silent girl, "Enough about me. *You've* seen my performance. What do *you* think of it?"

A person who loves himself is too busy to love someone else, for he can neither give nor receive the love of another. He may imagine himself in love, but this is a delusion, for he only "falls in love" with someone who feeds his shaky vanity, who constantly reassures him, who soothes, at least for a time, the anxieties caused by his feelings of insecurity.

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The sex life of a narcissist can be deceptive. On occasion, if his vanity is fed sufficiently, if he believes he is making an overwhelming impression on his partner, he can be very potent. But this experience is the exception. He is afraid that if he expends his love on someone else, he will become vulnerable; he is, in other words, afraid he will hurt himself if he "gives away too much."

The narcissist becomes impotent relatively quickly, particularly in a long-term relationship. He actually enjoys masturbation more than sexual intercourse. Masturbation is itself a form of impotence, but he goes beyond it, perhaps, and in time becomes truly impotent. It is the only way he can solve his conflict.

Hostilities

Hostilities, or conflicting hates, dislikes or aversions, are important causes of impotence. They may be conscious, they may be unconscious; often they are closer to the surface of the consciousness than conflicting loves and are relatively easier to detect. I say "relatively" easier, because no one wants to admit that he feels hostilities toward his marital partner, toward his friends or toward the human race in general. Many men—and their wives—would be shocked and dismayed to learn they harbor deep hostilities toward each other, hatreds which inhibit their relationships, cripple their pleasure in sex relations and eventually cause their marriages to go sour.

Whatever the causes, a man may become impotent with a woman if he hates her. Their joint tragedy is that neither

may recognize that hatred or, in many instances, be willing to recognize the signs of hostility when they are displayed.

There are hostilities in every marriage, to be sure. No two people can live together without causing frictions, without creating mutual irritations, without becoming involved in mutually disturbing situations. But, as I have shown, love and tolerance outweigh annoyance in the well-adjusted couple; realizing that no one is perfect, they forgive and forget.

It is the man whose hostilities run deep who becomes impotent.

Why?

His hostility may be caused by fear. The various fears he may suffer have already been discussed in this chapter, so it is enough to re-emphasize here that all people grow to hate that which they fear. In many cases, the hatred or hostility is the outer sign of fear, which is, in these instances, the more basic neurotic disturbance.

There are few greater causes of hostility than envy. It has long been recognized that many women envy men; the male has something that a woman lacks, a penis, so she is envious and hates him. This causes her to criticize him, to "cut him down to size," and she envies what she imagines to be his greater independence, his greater strength, his greater ability to dominate. Let it suffice here that he is no more independent than she, that her organic strength is actually greater than his and that dominance, if dominance there be, depends upon the complex personality traits of a couple and their interplay, not on a baritone voice.

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Much has been written and discussed about the penis envy of the woman. It is less well known that men entertain as much envy of women as is true in reverse. There are varying degrees of that hostility. The man, working to support a wife and family, may envy what he believes to be the carefree role of his wife, who "does nothing but keep house, gossip with her friends and take life easy." His view is warped, of course; his wife's role is as demanding and exacting in its way as his. However, to quote an old Spanish proverb, "Your cracked jug seems better to me than my sound one."

It would be impossible to categorize the different reasons men envy women or to chart the degree of envy they feel. Such envy, a natural reaction when two people live together, is healthy if it is reasonable and if it is expressed openly. When it is suppressed, however, neurotic hatreds begin to incubate.

Many men who are latent homosexuals feel envious of their wives for the simple reason that the wives are women. The well-adjusted man conceives ideas, plans and projects and finds a great deal of satisfaction in this creative effort. The latent homosexual, however, literally envies his wife's ability to conceive a baby and unconsciously wishes he could emulate her.

Often he feels that the responsibilities thrust on him as a male are too great for him. He suffers anxieties because he believes he lacks the strength or the incisiveness or the masculine drive to perform his function properly and live up to what is expected of him. He unconsciously yearns for the passive feminine role and rejects the active male part.

It is common for such a man to want to wear woman's clothing, and as every psychiatrist knows, many men do garb themselves in one or more items of their wife's attire from time to time.

The envy that such a man feels turns into hatred. He feels hostility toward his wife because she is and has what he is not and lacks. That hatred causes him to become impotent. His inability to love and to fulfill the male function in sex relations is his rebellion against her. He unconsciously wants to be his wife.

Still another form of hatred may be illustrated by the case of a couple we will call Edward and Mary S., which a colleague has granted me the right to publish.

Edward S. had grown up in an inhibited atmosphere. He was a city dweller, and had no interest in country living. Edward was employed in the entertainment industry. At the age of thirty-two he met the girl who was to become his wife—an aspiring actress of twenty, who had been raised in the country. He fell in love with her and she with him. They were married, in spite of the difference in their ages and backgrounds.

At Mary's urging they relinquished their apartment in the city and moved to a suburb, where they bought a house. Mary gave up her career and concentrated on making a home. Her husband's responsibilities grew, and he spent less and less time at home, which caused both husband and wife considerable irritation.

Impulsively, because she was bored, Mary had an affair with another man. Subsequently she regretted her act and

confessed to her husband. In spite of his great anger, he remained married to her, heeding the urging of the minister of the church which both attended and listening to the advice of his relatives, who were genuinely fond of Mary. The couple conferred with a marriage counselor, who explained that Mary's infidelity had been caused by a number of factors: her resentment of the long hours her husband spent away from home, the collapse of her career—which she falsely blamed on him—and her emotional immaturity.

Edward forgave his wife, or at least believed that he had forgiven her. Within the next few years they had a daughter, then a son, and the marriage seemed to be established on a firm basis. Edward made steady progress in his career and was given higher positions and greater income through the years. He loved his wife, with whom he enjoyed mutually satisfactory sex relations, and he loved his children.

Significant changes occurred in his fifty-first year. A harried upper echelon executive with a great deal of responsibility, he spent even less time at home than he had in earlier years, and although he and his wife now lived in a larger house, he often spoke wistfully of returning to the city when the children were grown. Mary, with her daughter and son both at school, and with her husband's earnings sufficient to provide domestic help, had relatively little to occupy her time, and thrown back on her still emotionally immature resources, began to drink more heavily, sometimes to excess. The couple attended numerous parties, and Mary was always one of the gayest people present, greeting friends exuberantly, dancing and in general displaying lively behavior.

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During this year Edward began to grow increasingly impotent. By the time he reached his fifty-first birthday he was no longer able to maintain an erection. Afraid he was suffering from cancer of the prostate, he visited the family physician, who assured him, after making extensive examinations and tests, that his fears were groundless.

But Edward's condition did not improve, and psychotherapy was recommended.

Deeply worried, he visited a psychiatrist and began treatment. He saw the physician on an average of once a week over a period of approximately seven months and at the end of that time understood his situation. His problem was threefold:

- 1. He was afraid that he would become impotent because he was over fifty years old.*

- 2. Now very sensitive, he became annoyed when he saw his wife indulging in the free-and-easy social manners of many people in the entertainment industry, kissing friends when she greeted them and demonstrating affection in other lighthearted, meaningless ways.*

- 3. Her behavior, combined with her heavier drinking, aroused his resentments and revived his long-buried hostilities. Once again, he hated her actively because of the harm she had done him years earlier when she had been unfaithful to him.*

Therefore he "punished" her. Knowing that her nature was childlike and that she regarded marital sex relations as a sign of her husband's loving approval, Edward denied her what she wanted and required. He achieved this goal by actually becoming impotent.

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On the advice of the psychiatrist, Mary was sent to another physician for psychotherapy. She responded quickly to therapy, and the vicious cycle was broken. Mary curbed her social ebullience to some extent, and her husband became somewhat more tolerant of her natural exuberance. Edward recovered his potency, and after sex relations were resumed on a regular basis, Mary had no difficulty in curbing her drinking.

Fear of impotency was, in the case of Edward S., merely the trigger. The actual cause of his impotence was his desire to obtain revenge for an injustice he had seemingly forgiven and forgotten many years earlier.

Revenge is one of the most common and powerful drives. Like other unconscious feelings, it need not be rational, and frequently is completely irrational. In the case of Edward S., it was directed against the person who had harmed him, although a long period intervened. Therefore, in this instance, there was some logical motive in his mind for his explosion of delayed hatred.

However, one may feel a desire for revenge against someone who has caused him no harm, either real or fancied. To take the simplest example, a man of middle years suffering from impotence is sent to a physician. He is a widower who has recently remarried, and is convinced he loves his wife, yet cannot maintain an erection in relations with her. In desperation he has visited a prostitute and has encountered no difficulty in becoming aroused and ejaculating at the appropriate time.

In the course of his therapy the patient uncovers the

truth about himself. Several years prior to his first marriage he had fallen in love with a girl who had jilted him, hurting him badly. He had married "on the rebound." He realizes that his new wife bears a strong physical resemblance to the girl who scorned him in his youth. So, even though reason tells him otherwise, his unconscious insists that his wife and the girl who refused him are the same person. He is obtaining revenge by becoming impotent, getting even with one woman at the expense of another—and, of course, at the expense of his own happiness and peace of mind, too.

The most common reason for revenge is the desire to compensate for injuries and injustices perpetrated against one during one's childhood. When a mother has treated a son unfairly, he may grow up with an unconscious feeling of hatred toward all women and a desire to harm them.

The wish for revenge, like all of the other neurotic tendencies discussed in this chapter, is not the prerogative of the man of forty to sixty. But, as this is a sensitive period in his life, such tendencies may suddenly become manifest during this time.

It should be observed, too, that revenge, like the other neurotic traits described here, need not necessarily find an outlet in impotency. The possible methods of expression are as varied as members of the human race, and the possibilities stagger the imagination.

Cures of Impotence

At one time it was believed that impotence was caused by glandular deficiencies and that the injections of glandu-

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lar substances would cure the condition. However, it has been found that the vast majority of men suffering from impotence—and women suffering from frigidity—are not glandularly deficient. Therefore this type of treatment is usually not effective.

Men who show no symptoms of physical disease, yet who are impotent, sometimes improve after being treated by a specialist in genitourinary ailments. In such cases, the cure, like the disease that has caused the impotence, is mental. To illustrate briefly: a man believes, in his unconscious, that sex is evil, and his conscience bothers him after he has enjoyed the pleasures of sex relations.

The urologist's treatment for a local condition can be quite painful. The patient endures the treatment with an inner feeling of relief, for he believes he is receiving appropriate "punishment" for having committed the "sin" of enjoying sexual intercourse. He is freed of his guilt and, perhaps, can start all over again. There are cases on record in which men have required painful medical treatment at periodic intervals for the relief of nonevident physical symptoms, and this treatment has temporarily alleviated the condition of impotence.

An outline of urological treatment and techniques in cases where there is physical disease has no place in these pages, nor is it possible to offer any sweeping generalizations to help men who are suffering from impotence caused by mental disturbances. In both types of cases, physicians should be consulted.

However, a few words on the subject of aphrodisiacs are certainly appropriate.

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A tribe of primitive Africans, living deep in the interior of Kenya, cut off by mountains on the east and by Lake Victoria on the west, has long believed in a special cure for impotence. The bodies of female beetles are crushed and fermented in a juice made of a sour tropical berry. During the process of fermentation, tribal priests recite incantations over the brew every evening at sundown. At the right time, when the substance is properly fermented and has received the proper amount of incantation, the elixir is drunk by the patient, who is then supposedly cured of his condition.

It may be assumed that if the patient is suffering from a neurotic disorder, and if he believes strongly enough that the elixir will cure him, he will recover and become potent again.

The same principle applies to the man who is better educated and lives in a more advanced society. The gullibility of the impotent—and of those who fear impotence—is incredible.

Scores of witches' brews, harmless herb concoctions, powders and pills are sold 'under the counter' to worried, anxious men in the United States and in every other civilized nation. It is impossible to estimate how many millions of dollars are thrown away annually on such useless rubbish, yet the harried victims continue to buy. One powder does not help, so the increasingly impotent man buys another, and another.

Occasionally his mental condition may improve, temporarily restoring his potency. He may give credit to the

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newest pill he is taking, but he is deluding himself, as he eventually learns to his sorrow.

Although it should be obvious to any man of intelligence that no aphrodisiac can perform magic and restore potency, the man who is suffering from impotence will grasp at any straw. The cases of two distinguished men who should have known better were called to our attention recently. One was the chancellor of a great European university, an ancient seat of learning whose faculty includes many noted scientists and physicians who could have told the chancellor the truth had he gone to them for advice. The other was a renowned American man of letters, who had achieved fame by attacking quackery and chicanery. Both of these gentlemen, it was discovered, began taking aphrodisiacs in their fifties, and both followed the same pattern. When one was ineffective, they switched to another. When they died, large quantities of these useless "medicines" were found in their effects.

On a somewhat lesser scale is the superstitious belief, popular everywhere, that certain foods and beverages aid potency. It is true, obviously, that a man who enjoys good health is likely to be more potent than someone who is ill, and certainly a balanced diet contributes to good health.

Superstitions vary from region to region and country to country, depending in part on what foods are abundant or scarce, strange or familiar. In the American Midwest, for example, where lack of proper refrigeration facilities made salt-water oysters a delicacy until comparatively recent times, the belief lingers that oysters increase potency. On the eastern seaboard, where many immigrants

from eastern Europe settled in the late nineteenth and early twentieth centuries, a coarse, heavy rye bread became a staple food. These people, insecure in a country that was new to them, turned to the familiar for comfort and claimed that rye bread made a man more potent. This childlike belief persists in many quarters to the present day.

The so-called passion fruits of tropical South America, now grown throughout the warm regions of the world, do not increase the erotic appetites or capabilities of those who consume them, contrary to a view widely held by tourists. As a matter of fact, they were given the name by the devout Spanish *conquistadores* of the sixteenth and seventeenth centuries because of the supposed resemblance of their flowers to the crown of thorns.

In some tropical regions, where the sun shines fiercely, it is believed by many, including men who have enjoyed the benefits of extensive higher education, that the sun saps their virility. It is true, of course, that too much exposure to the rays of the sun can be debilitating, but these men carry their superstition to extremes, and even when they go swimming are careful to seek the shade instantly as soon as they come out of the water.

People in underdeveloped or developing nations, members of racial or religious minority groups and others who feel a sense of social inferiority frequently try to compensate for their sense of inadequacy by developing myths about their allegedly superior potency. I have myself heard educated men of mixed Caucasian-Negro stock who were born and reared on a slowly developing Caribbean island

claim, in all seriousness, that their ancestry and environment made them infinitely more potent than any other men on earth, and they often boasted that nowhere else could male sexual organs match theirs in size.

What they—and many in every nation, civilized, developing or still primitive—fail to realize is that the size of a penis, when relaxed, is of no importance. Its size when extended is scarcely more significant. What does matter to the man and to his partner is the vigor of his erection and his technique in sex relations. Both partners obtain their greatest satisfaction from the friction between the penis and the woman's clitoris. Differences in the size of the sex organs of any two men chosen at random are so infinitesimal that it would be necessary to measure them with a pair of calipers in order to determine which was larger, an examination that would prove literally nothing.

Another widely held, utterly false belief is that alcohol increases a man's potency. The subject will be discussed in greater detail in a subsequent chapter; it is sufficient to note here that although the ingestion of limited quantities of alcohol may induce a man to shed some of his inhibitions, liquor does not make him more virile. Many healthy men who are potent when sober have learned to their embarrassment that alcohol and desire do not go hand in hand. They may believe their appetites are increased, but they discover, to their extreme discomfort and disappointment, that too much liquor makes them temporarily impotent.

Lurid fiction has conveyed the impression to many people that drugs increase sexual appetites and make their

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consumers more sensitive to the nuances of sexual pleasures. This view is completely untrue. Every drug, from the opiates to marijuana, causes a marked decrease of interest in sex. Drugs anesthetize; they do not make the physical senses more acute. They distort the user's concept of time, muddle his mind, cause him to indulge in vague daydreams and give him a dimly definable feeling of well-being. As he is already content, he doesn't want sex.

A final word on drugs: like alcohol, they destroy a man's potency when taken to the point of addiction. The man who is toying with the idea of smoking "just one" marijuana cigarette, taking "just one" shot of cocaine "for kicks"—in the secret hope that he will become more potent—is playing with an A-bomb that, at the very least, will cause him to become nauseated and give him a blinding headache and, at worst, can destroy his manhood.

To summarize, there are no short cuts, there is no magic. In most cases impotence is caused by a mental condition, regardless of whether a man is twenty-five or sixty. Let those who despair take heart: with competent professional help and guidance, there are few who cannot overcome their problems, either completely or to some degree.

The despair that grows out of fear may lead to other complications, too. As we will see in the next chapter, that very desperation is one major cause of depression, the most common of the emotional disturbances to which the man of middle years is prone.

5

Depression: The Most Persistent Enemy of the Middle Years

"MY HUSBAND," A FELLOW GUEST AT A DINNER PARTY SAID TO me blithely, "is frightfully depressed. Absolutely nothing cheers him up, but it's too much to expect him to be happy. After all he *is* forty-five, and he's going through the male climacteric." She smiled, then became a trifle self-conscious. "I'll have to be patient and wait until he's passed through it. After all, he'll have to be patient with me when I reach change of life."

The young lady's assumptions about her husband were completely false, but a dinner party is not the appropriate place for a physician to correct misinformation.

Let us accept at face value that her husband was depressed and that nothing made him feel better. His age, forty-five, is the key to his problem.

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His wife was in error when she said it was too much to expect him to be happy. He was suffering from a *curable* condition.

That condition was completely emotional, not physical. A woman goes through many physical as well as emotional changes during the period known as menopause, but, contrary to a widely held belief, the "male climacteric" is a state of mind. The man does not undergo physical changes.

What does happen is that he becomes depressed.

Why the Man of Middle Years Is Susceptible

Depression is not a disturbance limited exclusively to the man in his forties and fifties, but he is particularly susceptible to the ailment.

Why?

He becomes conscious of the aging process. He finds that his hair is turning gray, that he has a tendency to develop a paunch, that he can't engage in violent physical exercise as he did in his teens and twenties.

He becomes afraid that his opportunities to win love are becoming fewer.

He convinces himself that he was cheated out of his share of fun and adventure in his youth and that soon he will be too old to enjoy himself.

He begins to fear that younger men, climbing up the ladder behind him, will soon push him aside. For the first time he thinks of retirement, and he loses his sense of security. He is afraid that he will become physically and financially dependent on others.

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Often, he has absorbed false information, and actually believes he is going through a physical change of life similar to menopause.

Above all, he is afraid he is becoming impotent, as I have explained in previous chapters.

Depression is not a disorder peculiar to our times or our way of life. It is one of the oldest known emotional maladies, and has always stood first on the list of ailments suffered by men of middle years.

Frequently the victim of depression is in good physical health. Nevertheless, at some time during his forties or fifties, he may become depressed. Some men shake off their depressed state, while others become seriously ill and require psychiatric treatment. In order to understand why different men react as they do, let's examine the disorder more closely.

The man suffering from depression frequently behaves as a woman does when she is going through change of life, and it is this similarity that confused many members of the medical profession as well as laymen for centuries, causing them to assume, falsely, that the male climacteric was based on changes in the body of the male. But depression occurs when a man thinks of himself as middle-aged, not when he undergoes physical change or deterioration.

The relatively few records that have survived from the period after the fall of the Roman Empire, when ignorance and superstition were universal and the accumulated medical knowledge of earlier times had been discarded, are as enlightening as the clinical reports of the most efficient twentieth-century hospital. During that long twi-

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light, before the rebirth of civilization, a man was in his prime from seventeen to twenty.

Between the ages of twenty and twenty-five, he was believed to be in his middle years. By our standards, he had just reached the threshold of manhood, but he *believed* he had reached the top of the hill and was declining. As a consequence, he *did* slide down. The same story is repeated again and again in the faded manuscripts of monks and priests, the only people who could write. Great lords, merchants and peasants suffered alike from the same affliction during their early twenties: they frequently became melancholy, silent, and seemed to withdraw into themselves; they often became agitated, anxious and restless. They complained of insomnia and constipation and bewildered their families and friends by displaying irritability for no apparent reason. Then suddenly, inexplicably, their mood would change, and they would become lively and gay, even capricious for a time before the next cloud of gloom settled over their bowed shoulders.

The principal difference between the unhappy youth of that period who believed his life was nearly ended and today's man of forty to sixty who clings to the same false theory is one of age. Strictly for purposes of comparison with the "middle-aged" young man of the Dark Ages, we might pause long enough to glance at a significant statistic. Some men do not recover unaided and become sufficiently ill to require hospitalization. Although they are the exceptions, and therefore are not being discussed in detail in these pages, please note the sharp difference in the age of today's depressed man and the victim of one thousand and

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more years ago. The majority of patients admitted to the hospitals of New York State for depression are in their fifties!

The Nature of Depression

The moods of all human beings are variable, changing from day to day, hour to hour and, perhaps, even from minute to minute. The two opposite extremes of mood are happiness or gaiety and sadness or gloom. Almost everyone, regardless of age, has known moments of great elation and has felt the pangs of deep sadness.

In the well-adjusted person who is not suffering from depression, sharp extremes of mood are dictated by outside events and the environment. A man who walks down the street and finds a twenty-dollar bill on the pavement is pleased. A man in good health and whose relations with his wife are amicable attends a party with her; everyone present is in good spirits; the gaiety is catching; and soon he shares the elation of the others. He feels a far deeper and more lasting happiness when, at work, his immediate superior congratulates him for doing a good job and presents him with a salary increase.

Outside factors are largely responsible for the well-adjusted man's gloom, too. He loses his wallet, which contained twenty dollars in cash and his identification papers; he is unhappy. He and his wife, who are on good terms, spend a social evening with two other couples whose marital tensions are severe and unconcealed; these husbands and wives quarrel, bicker and hurl caustic remarks at

each other all evening. By the time the innocent pair return home, it is possible that the others' irritability will have infected them, too. A beloved member of one's immediate family dies, and a man suffers intense sadness.

The swings from gaiety to gloom in the depressed person seem to be caused far more by internal than external factors. The depressed man can become melancholy or elated independent of what is going on in the world around him. When there *are* outside influences, his moods are triggered more sharply than those of the well-adjusted person, and he swings to more intense, exaggerated extremes. Also his moods persist longer.

If he loses twenty dollars at poker, for example, he may brood for days, even though he may be sufficiently affluent that the loss, as such, is not important to his financial well-being. If he and his wife spend an evening with other couples who are bickering, he may be quarrelsome for days afterward.

The Universality of Depression in the Middle Years

Some disorders and diseases strike hardest at men in particular types of work or at men of specific national origins. For many years coal miners were especially susceptible to various lung diseases because they were compelled to breathe dust-filled air lacking in oxygen for long hours at a time. An improvement in working conditions resulted in a sharp decrease in these diseases. Similarly, there are businesses in which men work constantly under great pressure; these are often called "ulcer industries."

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Depression, though, knows no vocational, racial or national boundaries. Virtually all men of forty to sixty are vulnerable! It is fairly common knowledge that the man who lives in a city is susceptible to depression; it is less well known, but no less true, that country life is no guarantee of immunity. In fact, a study made a few years ago emphasized the high proportion of serious cases in the rural areas of Scotland, and another points to the frequency of such cases in small, nonindustrial towns of West Virginia and Tennessee.

A successful professional man who is popular, respected and active in the affairs of his community may be stricken by depression. So may a poverty-stricken failure who lives on the other side of town and has no friends. Victims of depression include men of every religious persuasion as well as atheists and agnostics. Those whose ancestors came from cold climates are not immune, nor are those whose forebears lived in the tropics. Not only is depression the most common of the disorders that strike the man of forty to sixty, it is the most democratic in that it seeks its victims on every level of society.

I must stress that in the vast majority of instances, the disorder is relatively mild, although disagreeable for the man himself, for his family and his associates. If a man displays only tendencies of depression, they may fall away when he becomes reconciled to his place in the world, finds satisfaction with his lot and realizes he is powerless to halt the aging process.

In many cases, however, depression can cause illnesses

of varying kinds and intensities. Several types of severe depression are themselves serious mental illnesses. They cannot be cured by reasoning with the victim, nor can he be cheered up sufficiently to put his mind at rest. It is imperative that those who suffer from severe depression seek medical treatment, for without psychiatric help, the condition will generally worsen and may result in the permanent mental derangement or suicide of the patient.

The Nature and General Symptoms of Depression in the Man of Middle Years

There is a vast difference, as every reader will understand immediately, between the acute anxiety felt by a man driving up a narrow mountain road who must squeeze past a huge truck moving in the opposite direction, and the constantly recurring, ever present anxiety felt by the man who is assailed by fears and doubts every time he gets behind the wheel of his automobile.

Those who suffer occasional pangs of depression need not be concerned about their health. Only those men of forty to sixty who display regularly recurring symptoms should take stock of themselves. What are these symptoms?

1. Periods of exhilaration occur. A feeling of joyousness, perhaps of giddiness, overcomes him. During these periods he feels great self-confidence, is talkative and friendly. His mind is filled with ideas, which seem to flow effortlessly. In general, he displays a good sense of humor and an unusually sharp wit.

2. Even during his most elated moments, he occasion-

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ally betrays impatience, behaves in an arbitrary way and lards his humor with acid-filled observations.

3. The periods of exhilaration are relatively brief. His mood changes, often with little or no inner warning, often with no inner awareness that it has changed.

4. He swings to the other extreme. He is gloomy, even despondent, and can find no good in anything. His work is a trial; he can neither please nor take pleasure in his wife and children; the world seems to be falling apart; his food is tasteless.

5. Every task he performs, even the mechanical functions that require no thought or skill, makes him anxious. He worries about everything and is sure that no matter what he does he will fail.

6. As he becomes increasingly despondent, he becomes more and more convinced that he is useless to his wife, his family, his business associates and himself.

7. He loses the ability to make decisions. He hesitates, finds excuses for putting off decisions and goes to others for advice, which he is then unwilling to follow.

8. He develops physical disorders while in his depressed state. He suffers from headaches. His food doesn't agree with him, and he either becomes constipated or is troubled by loose bowels. He frequently suffers from insomnia.

9. He imagines he is a victim of the most serious diseases. He is afraid he has contracted cancer; he is certain he feels pains that mean beyond all doubt that he will soon die of heart disease.

It is difficult, and sometimes impossible, for the average person to distinguish between normal depression, which

all people feel at one time or another, and the depressed mental state of those who are ill. As you know, it is normal to grieve when a loved one dies. The healthy person also grieves when he has suffered financial reverses, when hopes and ambitions he has long nourished are blasted, when an incident or a situation lowers his prestige.

How do we tell the difference between "healthy" and "sick" gloom? A person is ill:

1. If the degree of depression is too great and too intense in relation to its cause
2. If the symptoms of the depression are too severe
3. If the depression persists

The line that separates "severe" and "too severe" can be very fine, and in many instances only a qualified medical practitioner can, after thorough examination, make a diagnosis. It is dangerous for the layman to pin a label on himself. In fact, a man who has mild symptoms of depression can cause himself great harm if he leaps to the conclusion that he is ill.

Wives and others who are close to a man are not competent to make a diagnosis, either. Their emotional involvement with the man clouds their judgment. The observer must be detached and objective.

Fatigue in the Middle Years

In discussing the symptoms of depression in the man of forty to sixty, I deliberately made no mention of fatigue, for this is a condition that belongs in a class by itself.

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Is the man of middle years more vulnerable than his juniors or seniors to intellectual fatigue?

No! He is at the height of his intellectual powers.

Is the man of middle years more vulnerable than his juniors to physical fatigue?

His vulnerability may be slightly greater, but the difference—in most men who take care of themselves—is almost imperceptible.

Is the man of middle years more vulnerable than his juniors to emotional fatigue?

Yes. Fatigue is the most common complaint of the man of forty to sixty who suffers from depression.

It is believed to be a factor in at least three-quarters of those who are mentally ill.

Much about fatigue, particularly some of its physiological causes, remains to be defined, and considerable research is currently being done on the subject. Some aspects of fatigue are known, of course. Fatigue caused by depression seems to be ever present in the man of middle years who is a victim of the disorder. Sufferers are virtually unanimous in complaining that the feeling is intense, perhaps overwhelming. It does show some fluctuation, and if there is relief, the feeling may lessen through the hours of the afternoon, becoming more severe again at night.

Rest does not improve the condition. The sufferer feels no better after a long night of deep sleep.

One who is fatigued performs his tasks with little interest. He is sloppy and careless. He shows poor judgment, yet fails to realize that it is poor.

It should be mentioned, in passing, that fatigue caused by boredom and other types of fatigue due to mental causes should not be confused. For instance, someone who is frustrated or bored might display similar symptoms, but for a brief period. As a rule, the fatigue disappears when the boredom is relieved or the frustration eliminated.

Many physicians subscribe to the theory that fatigue is the depressed man's unconscious "excuse." He feels so gloomy that he is convinced he is inferior to others, that he is incapable of doing a good job, of being a good lover. So he droops, and his exhaustion is his ready-made alibi for the failure he believes inevitable. It is easier for him to say "I'm so tired I can't do it" than to be haunted by the fear that he will be forced into the position of saying "I tried, but I made a mess of things."

The man of middle years suffering from fatigue as a result of depression is not pretending. His exhaustion is genuine. Frequently his muscles literally ache, too. And it is not uncommon for him to be disturbed by twitching muscles. If his ailment becomes more severe, his skin may feel numb, his vision may become clouded for brief periods, or he may be annoyed by a feeling similar to that of having a bright spotlight turned into his eyes. Yet there is nothing physically wrong with his vision. His hearing may become sharper or even distorted. It is possible that his sense of taste may change temporarily, too; for example, food and beverages might have a metallic taste, or he might feel an itching or burning sensation in his mouth.

The Mental Symptoms of Depression in the man of Forty to Sixty

What are some the symptoms that the depressed man of middle years displays?

The sufferer may or may not be aware of his depression, and it is dangerous for anyone untrained in psychiatry to probe. The victim of depression, even someone whose case is mild, will become indignant if he is told by a layman that he is depressed. Not only will it be virtually impossible for him to admit the truth to another person, but it must be understood that he is himself unaware of the truth. Therefore, when he denies it, he is being truthful—to the extent that he recognizes the truth about himself.

Keeping this in mind, here are the mental signs of depression:

1. First and foremost, the man past forty feels a sense of pervading gloom. The degree of sadness may vary, but even the man whose depression is transitory knows moments of terrible despondency. He may try to rationalize and find reasons why he feels so hopeless, but he only grasps at straws.

2. He suffers from a feeling of inhibition. That is, there are things he craves, things he wants to do, but his whole background, his way of life, his position in the community, prevent him from giving free rein to his desires. For example, a bank president in his fifties, who must always present a dignified and solid image to the citizens of the community in which he lives, may want to "cut loose." He may feel an urge to wear sloppy old clothes, go to a saloon

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frequented by men whom he knew years ago in school and spend the evening drinking beer and singing lusty songs with them. However, he can't. His position inhibits him. Peeling off another layer of his personality, the very qualities that have enabled him to become the dignified, sedate president of the local bank inhibit him.

3. He suffers from anxiety. We have already encountered "anxiety" in these pages, and will see the word again. It can't be explained in a phrase or a sentence, but for present purposes let's define it as a fear—even a dread—of being stranded, helpless and alone in an angry, hostile world.

4. The depressed man feels pessimistic about the future. He is certain that the world is going to pot, that values have been distorted and have become meaningless. And his own future is very black. Even if he has sound reasons to believe, realistically, that all is well in his world, he cannot rid himself of the certainty that his happiness is only on the surface and that doom is waiting for him around the corner.

5. He reproaches himself for his own errors, real and imagined, past and future. He blames himself for the mistakes of others, and feels he is responsible for their slips. He believes he has sinned against himself, his family, his colleagues. His sense of guilt is an ever present burden that adds to his tensions.

6. He feels inferior to other men and usually believes he is inferior to women, too. This sense of inferiority differs in individuals, of course. In some cases, a man feels his physical strength is less than that of other males;

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sometimes he is convinced he is ugly, or he is painfully conscious of the defects in his physique, not stopping to realize that no man's physique is perfect. Frequently he believes that everyone he knows is his intellectual superior or that his co-workers possess greater technical and vocational skills. When a man's illness becomes severe enough for him to be classified as ill, his feeling of depression is general, and even though he may be brilliant, handsome and personable, he is sure that he is stupid, plain and dull.

7. The depressed man's ability to recognize his condition is poor. As we have indicated in a somewhat different sense, he may not even know he is depressed.

8. The depressed man shows a tendency to commit suicide. At first glance, this symptom seems startling, but it isn't necessarily dangerous or shocking. In a mild case, the tendency is mild. That is, the individual may have no more than a fleeting thought that he forgets as soon as it has passed through his head—"Why do I bother? What's the use of trying?" There is a calm version of the tendency; for an instant, life doesn't seem worth living to him. A more positive but equally harmless version of the same tendency appears in one or another version of the expression *I wish I were dead*. The neurotically depressed man seriously contemplates suicide, of course, and the severely depressed man literally tries to kill himself.

Causes of Depression

I am indebted to a fellow psychiatrist for the following case history.

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Alan B., a prosperous partner in a big-city brokerage firm, seemed to have every reason to consider his life successful. At the age of fifty-two his health was good, his place in the business world was secure and, according to Mrs. B., who first came to the office of the psychiatrist, there were no serious marital problems. Mrs. B., an alert, attractive woman in her mid-forties, said there had been a decline in her husband's love-making in recent years, but she felt certain that he loved her, as she loved him, and she attributed his decreased interest in sex to business pressures. The daughter of the family was making an excellent scholastic record at a good university, and was popular socially; the son had just won a university scholarship for intellectual and athletic attainments, and his parents had reason to be proud of him.

Mrs. B. was worried by her husband's moodiness. He had always been gregarious, but now shunned social life, was uncommunicative in the family circle and frequently spent his evenings staring into space. Mrs. B. had become alarmed when she heard her husband muttering gloomily to himself, but he insisted that nothing was troubling him and became so annoyed that he threatened to strike her when she urged him to seek psychiatric help.

Several weeks later Alan B. appeared at the physician's office after making an appointment. Suave, well-groomed and witty, he opened the conversation by saying he had come to please his wife and preserve peace at home. For the rest of the session he chatted exuberantly, displaying charm as well as a sense of humor. He seemed bouyant, self-assured, and was aggressively in command of the situa-

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tion. Before leaving, he suddenly agreed to pay the psychiatrist another visit.

When he came to the physician's office for his next meeting, Alan B. looked like a different man. His suit was wrinkled, he walked with a stoop and his conversation was punctuated by deep sighs. His life, he said, was a mockery, and at fifty-two he was finished. He would leave his wife enough money to keep her comfortably for many years, his children no longer needed him, and his business could continue to flourish without him. He declared he was tired of keeping up a false front, of pretending to be a man of intelligence and strength; he knew he was a phony, and it was only a matter of time before others saw behind the façade he had erected through the years.

The session ended on an abrupt note: it was bad enough, he said, that he was ashamed of himself, and rather than reveal to others that he was an ineffectual weakling, he preferred to disappear quietly. The physician administered medication to ease his melancholy and made an appointment with him for the following day.

Thereafter Alan B. saw the psychiatrist on an average of twice weekly over a period of nineteen months. At the end of this time he was able to live a relatively well-adjusted life, although he occasionally felt depressed "for no reason."

Alan B. had been the son of a pretty, feminine woman whom he had loved deeply. His mother had returned his affection but had always given much more love to his father, a hard-working, aggressive perfectionist. A self-made man, old Mr. B. had demanded high grades of his son

in school and had always been critical of Alan. Whenever Alan had felt that the criticism was unfair and turned to his mother, she had invariably supported his father. Feeling frustrated and cheated, he had stopped appealing to her.

Goaded, Alan had been determined to prove himself to his parents, and after setting a high academic and athletic record in college, he joined his father's brokerage firm. He had wanted to work elsewhere, but his father refused to consider the idea.

For a number of years the relationship between father and son remained unpleasant. Alan won recognition from his colleagues and within a few years acquired a reputation as a stockbroker in his own right, but he unfailingly displeased his father, who continually criticized him for things he had done and reproached him for things that, in the older man's opinion, he should have done.

After Alan married, whenever he and his wife saw his parents, his father invariably lectured him, his mother aged, and he felt like a guilty, inferior little boy again.

On his father's sudden death, Alan became the head of the brokerage concern, and his industry, his knowledge of the business and his experience enabled him to triple the company's income. He was a man of substance and had become an active leader in many civic affairs, but his mother, now an old lady, was unable to recognize his triumphs. It infuriated him when she damned his achievements with faint praise while lauding the accomplishments of her late husband.

Alan began to feel a growing sense of deep depression

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soon after his mother's death, in her seventies, about one year before he began psychotherapy. He had believed, prior to his therapy, that his sadness had been caused by his mother's passing, as such. Now, however, he saw that his sense of loss had actually been more complex.

He had spent the better part of his life competing with his father. He had tried to prove his worth to his father, without success. He had tried, even harder, to open his mother's eyes to his accomplishments, but she had remained blind to them.

Basically, he had competed with his father for his mother's love when he was a child. Later, even though he had found a satisfactory mate and had himself become a father, he had continued to suffer a sense of defeat. And his mother's death had removed his last chance to "win" her or "take her away" from his long deceased father.

Aware at last that he had been emotionally immature, Alan B. was now better equipped to face life realistically, to count his blessings. He appreciated his wife more intensely, found greater pleasure in his work and curbed a tendency to treat his son as he himself had been treated by his father. His sex life with his wife became more active, and they began to go out to dinner and the theater more frequently. They entertained friends and were entertained, and he became a more contented man when he stopped groping frantically for an unattainable goal.

Alan B.'s "loss" occurred only in his own mind. He had yearned for something he had never possessed, that he could not have possessed.

This reaction to loss gradually had become more exaggerated. He had been so engrossed that he failed to realize he had lost contact with reality, and in time life literally lost its savor for him. His wife and children, his work, his social life and standing in the community had meant nothing to him because he had created an ideal in his mind. It had been shattered when his mother had died, and his whole *purpose* in living and working had been destroyed.

It may seem contradictory that Alan B. could have enjoyed his many years of marriage and accepted the responsibilities of a husband and father—and then suddenly collapsed. His reaction following his mother's death is not as paradoxical as it appears, however. All people suffering from depression show a tendency, particularly in a time of extreme emotional tension or crisis, to return emotionally to the past. Thus, although Alan B. was a man of middle years, with a family and a responsible position, his mother's death turned back the clock. He became a small boy again, competing hopelessly with his father for the love of his mother.

His problem arose through no fault of his, of course, nor could his parents be blamed. They had reared him according to their best judgment, and themselves had no idea that his personality development was warped. He grew up with a false sense of values, false concepts and false standards. So, although intellectually mature, he remained a boy emotionally, unknown to anyone, himself included. His mother's death was a bolt of lightning that jarred him out of the present into the past, and he needed to understand

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his basic inner conflicts before he could emerge from the gloomy depths of his depression.

According to the physician who treated Alan B., there have been no serious relapses during the six years that have passed since the psychotherapy was completed. As Alan B. himself knows, he is a fortunate man. Some victims of depression suffer only one severe attack during their lives, but it is not uncommon for those who have been ill with the disorder to fall prey to it intermittently. In fact, there is a tendency for the victim of depression to suffer three, four or five attacks.

Depression can be caused, generally speaking, by dozens of factors that are as different as individuals themselves and the environments in which they live. Nevertheless, significant personality similarities have been found in many men suffering from the problem. Most frequently, they are inhibited. Before becoming depressed they have been hard-working, sober, honest men. They have been conscientious, sensitive, and have tried hard to live according to ethical and moral codes that others would find too exacting. Their demands on themselves have been constant, and as a rule they have been efficient, often even brilliant, in their work. But in all probability they have placed too little value on their own efforts and have been inclined to think of their accomplishments as unimportant.

What is "inhibition"? As Pavlov demonstrated in his famous experiments with dogs in 1890, it is possible to train an animal to respond to certain signals, then to *wait* before responding. An inhibition, then, in humans as in animals, is something of a delayed reaction. It is the re-

straint of a response to a given desire or series of desires.

There are conscious and unconscious inhibitions, of course. A man may feel an impulse to snatch a stack of one-thousand-dollar bills from a bank teller's desk or to kiss a ravishingly beautiful girl he sees walking down the street. In both instances, he deliberately, consciously, restrains his desire, knowing that if he gave in to his wish, he would create embarrassment and trouble for himself. But it is far more difficult for him to wage a fight against the desires that well up in his unconscious mind.

He may not realize that he wants to rob a bank or seduce a beautiful girl. Nevertheless, the desire is there. At the same time his inner policeman or monitor is there, too, and the silent, internal battle rages. The policeman "wins" the struggle, and he feels cheated. He has been deprived of something, he believes, and therefore feels depressed. His gloom is all the worse because he knows, again in his unconscious mind, that what he has wanted is something "bad" or unethical or immoral, and therefore his sadness is complicated by a sense of guilt.

Take as a typical example the case of an honest, hard-working man who had been married for a quarter of a century. He loved his wife and she loved him, but their relationship had become somewhat humdrum. Each knew the other, and there were few surprises in their life together. In his younger days, the husband always wanted to be a gay Lothario, admired by crowds of pretty girls clamoring for his favors. Because he was shy and rather reticent, however, he had been somewhat timid in his ap-

proach to the opposite sex and had envied the boys whom he had imagined to be the girls' favorites.

When he married, he sternly put thoughts of other women out of his mind. He often said he took his marriage vows seriously, and he practiced what he preached. In his twenty-five years of marriage, he was faithful to his wife, just as she was faithful to him.

However, even though he didn't know it, or perhaps couldn't admit the truth to himself, he didn't really put his desire to become a gay Lothario out of his mind. From time to time he indulged in daydreams that revived his earlier desires; perhaps, on occasion, he half-recognized what he was doing, laughed at his own "foolishness" and returned to his work with greater vigor. Often he dreamed at night about living the life of a dashing Casanova, but awoke in the morning with no clear memory of the dream.

Always, however, he felt he was being protected by a cushion of time. He was still young, he was making his mark in his business, he was gaining greater self-confidence, and the day would come when his cherished inner dreams would materialize.

But his mirror began to contradict him when he shaved every morning. He saw lines in his face, watched his hair turning white, became conscious of the slight paunch that exercise would not banish. On visits to the beach he secretly compared his physique with that of boys half his age and felt inferior. Sitting at home in the evenings, he could not read without his glasses.

Gradually he became overwhelmed by the crushing

feeling that he was growing old, that he was already too old to become the debonair, handsome man whose appeal the girls would find irresistible. Thwarted, his dream collapsed, and he was gripped by despair. He saw himself as already old, he was convinced there was nothing he could do to relieve his frustration, and viewing the future in the bleakest of terms, he gave up the struggle.

His inner conflict had mastered him, and he succumbed to depression.

Thousands of men in their forties and fifties become depressed because of variations on this same theme. Perhaps they've wanted power or money or fame, any of a score of things, but the nature of their secret goals is less important than their feeling that they cannot achieve their ambitions because they are "too old."

Depression in the middle years need not necessarily develop out of a man's unconscious mind. Many men are acutely aware of the undeniable fact that they *are* growing older and that no human being can halt the passage of time. These men are dismayed by every sign of advancing age, and refusing to believe or unable to understand that they are in the prime of life with many good years still ahead, they can only see the dark side of the future. Their opportunities to win love and be loved are lessening, their chances of becoming successful in their careers are fewer, their physical and mental powers are waning.

They have, in brief, lost their flexibility. When they were young, they may have believed they could conquer the world, but have since learned that only one man ever

accomplished the feat, Alexander the Great, and that he performed his fabulous deeds by the time he was thirty-two. More settled in their habits, they find it harder to adjust to new environments, too; it is more difficult to face changing circumstances and, unable to cope, they become panicky. The drift into depression follows.

A major difference between the well-adjusted and the depressed is that the man who faces his present and future squarely is eager to meet new challenges. He is anxious to prove, without false heartiness or bravado, that he has the strength, the wisdom and the sense of responsibility to deal with any reasonable situation. He is reacting in a manner precisely the opposite of the victim of depression: aware of advancing years, he is compensating for departed youth by demonstrating that he has learned something through the years. He takes pride in his skill as a lover, his vocational knowledge, his proficiency in his hobbies.

Reactions to Depression

We have seen that it is common for a man suffering from depression to sink into a state of apathetic gloom. But he may react in other ways, too. Let's look at other kinds of reactions.

Paul T., the owner of a small ranch in the Southwest that catered to tourists, remained a bachelor until his mid-thirties, and surprised his friends by marrying a girl of eighteen. For a number of years the relationship seemed to be a good one; the ranch prospered, and Naomi T., a

pretty, amiable young woman, was a distinct asset to her husband's business.

In Paul T.'s fiftieth year, a definite change took place in the family relationship. Though they had three children, Naomi had continued to act as hostess at the ranch, mingling freely with the guests, with whom she was always popular. Her husband quarreled with her constantly, sometimes drank to excess and on two occasions struck her, forcing her to seek refuge with neighbors who lived some distance away.

Friends, worried about Naomi's safety, persuaded Paul T. to seek medical assistance in a nearby city. His problem was clarified, and he obtained relief after visiting the psychiatrist on an average of once or twice per week over a period of eight months.

Basically, his disturbance was relatively simple. Paul T. was always conscious of the fact that he was eighteen years older than his wife. He approached his fiftieth birthday with increasing alarm, afraid she would no longer love "an old man." From that stage of thinking, he slipped into the belief that he had already lost her love. His "proof" was her popularity with the ranch's guests. Naomi seemed to enjoy herself with men closer to her own age, and Paul T., watching her with warped vision, imagined she would leave him and that he would be forced to return to the lonely bachelor existence he had known prior to his marriage.

Although he had not actually lost his wife's love, he

thought he had, and reacted accordingly. He became depressed, but instead of sinking into a mood of sadness, he reacted angrily. Feeling he could no longer hold Naomi by love, he tried to hold her by force.

Naturally, the more hostile he became, the more his wife withdrew from him, so that he was really creating the very situation he feared. Fortunately, through therapy, the depression was dispelled, and a normal life was resumed.

The story of Paul and Naomi T., simplified here for purposes of illustration, demonstrates that depression can sometimes take the form of aggression or hostility.

Denial, closely related to aggression, is still another outlet of depression. Let's assume that a man is passed over for promotion because his employers think that a younger man can do the job better. The victim of depression denies, not only to others but, far more important, to himself, that he ever wanted the promotion.

He is putting blinders on, but by so doing, he is to some extent protecting himself from hurt. Nevertheless, the depression is present, and in such a case a man frequently displays symptoms of physical illness. Thus, for a time, the disappointed man is in the grip of depression. But, eventually, either he must reconcile himself to the realities of his situation, or the wall of denial he has built to defend himself will crumble.

Excitement can be still another sign of depression, although at first glance the two terms seems to be contradictory. Obviously, someone who is severely depressed lacks the energy to become agitated, so this excitement only ap-

pears in mild cases. The victim, disturbed and filled with a sense of inferiority, takes out his frustration on others, speaking sharply, behaving unpleasantly and berating them while simultaneously berating himself.

This excitement vanishes when the man either shakes off his sense of depression or succumbs to it and becomes so ill that he requires medical assistance.

Suicide

In general, we are not dealing in this book with severe mental illness. However, it is impossible to examine the problems of depression without saying a few words about the possible dangers. Anyone who is deeply depressed should see a qualified physician and obtain treatment.

It must be added that every man who is suffering from a severe case of depression is a potential suicide.

Only a person who is very ill will try to commit suicide. The possibility of a man in the early stages of depression making such an attempt are remote. Suicide as a "way out" is the end of a long and tortuous road, not the beginning or middle. And only rarely, if at all, can it be caused by one depressing experience. The loss of a loved one, dismissal from a position, or an act that disgraces an individual will not necessarily cause him to try to kill himself.

The potential suicide has displayed many symptoms of depression before he seriously thinks of putting an end to his life. I have emphasized that the depressed man sometimes does not recognize the fact that he is depressed.

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Therefore, as the potential of self-murder does exist, it is the obligation of those who are close to a man suffering from depression to seek medical aid for him. If he doesn't know he is ill and is unable to help himself, it is the duty and responsibility of his wife, his friends, his associates, to procure that aid for him.

6

Alcoholism: The Crippling Disease of the Middle Years

ALCOHOLISM IS ONE OF THE MOST CONSPICUOUS AND DEBILITATING diseases of men in their forties and fifties.

As everyone knows, the ailment does not attack only men of middle years. Like venereal disease, it knows no barriers of sex, age or class. Nevertheless, even though the members of any age group or of either sex may become victims of alcoholism, men of forty to sixty are particularly vulnerable to its ravages and temptations.

The fears and frustrations of the middle years can cause a man who has been a social drinker to increase his intake of alcoholic beverages—and before he realizes what has happened to him, he has become an alcoholic.

Before studying the subject more closely, let me pause to

make an observation. It is necessary to distinguish between the men who *start* down the path of the disease during the forty to sixty age period, those who have been *social drinkers* until they have reached their forties and fifties, and those whose *problem drinking* has gone on for a long time.

Those who start drinking heavily in their middle years are a minority. Someone who has been abstemious until his fifties, and who, because of business or personal pressures, drinks a few too many, probably has little need for worry. It is unlikely that he will become an alcoholic. Of course, if he continues to drink heavily, he will probably become a clinical statistic, in time.

The man whose heavy drinking ripens into chronic alcoholism in his middle years should have curbed his thirst years earlier. He is in serious trouble.

The man who has been a steady social drinker until he reaches his middle years needs to watch his step. His fears of impotence and of the aging process, his vulnerability to depression and other emotional disorders, make him a likely candidate for alcoholism if he uses liquor to anesthetize himself.

There are a few alcoholics of nineteen, but they are hard to find, fortunately. It takes a number of years, depending on the individual's neurotic tendencies, the pressures to which he is subjected, and other factors, some of which have yet to be determined accurately by science, for a man to develop into a full-fledged alcoholic.

Figures which are admittedly incomplete indicate that more men become alcoholics in their forties and fifties

than at any other age. These alcoholics come from two groups:

1. The neurotically inclined, who start drinking heavily a decade or more before they bloom into chronic alcoholics
2. The social drinkers who, having reached the middle years, succumb to their fears and tensions and drink too much, too often

No one can say for certain how many men suffer from the disease. All that can be stated is that there are at least four to five million adults in the United States today who are disabled by alcoholism, and the total may be much higher, as many cases are not reported to physicians, hospitals and clinics until they become critical.

Before examining the vulnerability of the man of middle years to alcoholism, it should be understood that the causes of the disease are numerous and complex: to some extent they are psychological; they also depend on the physical make-up of the individual, his background and environment. The extent to which alcohol causes biochemical changes in different individuals is currently being studied exhaustively.

Vulnerability to Alcoholism During the Male Crisis

A number of years ago I treated a patient whose case graphically illustrates the vulnerability of the man of mid-

dle years to the disease of alcoholism. I'll call the patient Hector MacD.

The second of five children, Hector MacD. was born and reared in a small community in eastern Tennessee. His older brother died at the age of two, and the three younger children were girls. The family was poor, and Hector MacD. began doing odd jobs after school while still very young. He was expected to help augment the family income, and continued to work, during vacations and after school, through his high school years.

He was ambitious, but felt that the family's precarious financial state handicapped him. His sisters, when they became old enough, also worked, but their job opportunities were relatively limited. Hector MacD. realized that it was easier for him to find work than it was for his sisters, but in spite of this knowledge he resented them, feeling he was being forced to carry an unfair share of the burden.

It was impossible for him to discuss his grievances with his parents, however. Both were taciturn, strict people who seldom communicated with their children. Mrs. MacD. was devoutly religious, and insisted that no liquor be served in the house. Her husband, who belonged to the same religious sect, which prohibited the drinking of alcoholic beverages, agreed with his wife, even though he attended church services infrequently. Hector MacD. grew up believing that drinking even the mildest of intoxicating beverages was a Satan-inspired sin.

Soon after Hector graduated from high school, he enlisted in the United States Army and served for more than

four years during World War II. When he received his discharge at the end of the war, his family situation had changed drastically. Both his parents had died, two of his sisters were married, and the third, who had graduated from high school six months earlier, was supporting herself as a stenographer. At last Hector was free to live his own life, with obligations to no one except himself.

Having received his military training in New England, he developed a strong liking for that section of the country and decided to settle there. He took advantage of the G.I. Bill of Rights to secure a college degree. He found a part-time job with a company, and when he had earned his degree, the company gave him permanent employment. He was conscientious, and displayed a genuine talent for his work. Hector advanced rapidly in the company and within a few years became an executive.

It was during this period that he met the woman who soon became his wife. Vera D. was sophisticated and worldly, the opposite of the somber women in Hector MacD.'s family, and she fascinated him. She, in turn, was attracted by his earnestness, his rugged honesty.

Hector MacD.'s sexual experience was limited. During the war he had visited prostitutes occasionally and had maintained the practice in later years. But real love, mutual sexual pleasure and mutual sexual fulfillment were new to him. The first years of his marriage were ecstatically happy and were marred by only one cloud. Vera MacD., who had been reared in a family in which liquor had been served, thought her husband's opposition was illogical. Hector MacD., who had accepted his parents'

ruling blindly but did not share their religious faith, was forced to agree. In his thirty-seventh year he began to drink for the first time in his life.

He and his wife drank a cocktail or two every evening before dinner; on weekends, as a rule, they drank considerably more, usually with her friends, who had become his friends. On the surface, Hector MacD. changed his attitude, but the beliefs of his childhood were deeply instilled in him: he didn't realize it at the time, but whenever he took a drink, he felt guilty.

On the surface, though, life seemed to be smooth. He and Vera had two children, a son and daughter, and he was now a senior executive with considerable responsibility.

But there were undercurrents of discontent. Hector was worried because he was almost ten years older than his wife, concerned because he had become a father relatively late in life (according to his standard), and the pressures of his work constantly increased. He didn't know it, but he was being subjected to the tensions of the middle years.

A crisis erupted suddenly when Hector was in his forty-fifth year. He had confidently expected to be named a member of his company's board of directors, but when a vacancy occurred, the place was given instead to a man who was younger but happened to be the nephew of the corporation's president. Hector MacD.'s dream of achieving ever-greater success was rudely shattered, and he was forced to accept the bitter reality that he had received his last promotion. He was a department head, but would never become a vice-president or director of the company.

His entire attitude toward life changed. He felt he had reached the end of the line vocationally, that he was growing old and would be discarded when the company had no more use for him. He was haunted by memories of his parents' poverty and was secretly afraid the day would come when he, too, would be poor again. His relationship with his wife changed, too, although he didn't know at the time that he had developed strong unconscious hostilities toward her. She represented a burden to him now, just as his sisters had been a burden during his youth. His children, on a lesser scale, were also burdens.

Hector MacD. began to drink heavily and steadily. In the process he was compounding his problem, of course, as his guilt soared, too, and could only be eased when he drank himself numb.

Within two years of the crisis, less than ten years from the time Hector MacD. had first touched alcoholic beverages in any form, he had become a chronic alcoholic.

He had changed from a social drinker into a compulsive drinker in two years.

His decline was swift, but he was unable to help himself, and did not come to me for psychotherapeutic treatment until his employers and his wife, working together, insisted that he see me.

Hector MacD.'s therapy was a long, difficult struggle. I saw him twice weekly for more than a year; then he stopped treatment abruptly. Two weeks later he returned, much chastened, after going on a drunken binge that exhausted and frightened him. He remained in therapy for another

eighteen months, at the end of which time he understood a number of important things about himself and his relationship with others:

1. His fear of poverty was a needless worry, provided he remained sober. There was a place for him with his company until the day he retired on a substantial pension.

2. He revised his goals. He had come a long way, and knew it; he was contented, now, to remain a department head rather than hope for impossible promotions which, under company policy, were unattainable.

3. He understood how he had unconsciously altered his relationship with his wife, whom he actually loved. He realized now that he had unconsciously transferred to her—and to a lesser degree, to their children—the hostilities he had felt toward his sisters when he had been young.

4. He learned that the guilt he felt whenever he took a drink was the result of his upbringing. As he himself did not ascribe to the belief that drinking was a Satan-inspired sin, he was able to shed at least some of his feeling of guilt.

5. He took a more realistic approach to the aging process. Having conquered his sense of panic, the knowledge that he was in his late forties no longer disturbed him, for he knew that many active, healthy, productive years lay ahead for him.

6. He learned the most difficult of all lessons that alcoholics must absorb. Hector MacD. was not a former alcoholic; he *was* an alcoholic, and would remain one until the end of his life. Once an individual becomes an alcoholic, he can find support and relief in psychotherapy; he can learn enough about himself and his emotional prob-

lems to sustain him and enable him to live an honorable, constructive life. But his drinking has made changes in his system, and he knows that there is only one way to prevent himself from losing control again: he must give up the drinking of all alcoholic beverages, for all time.

Most men who decline rapidly from social drinkers into alcoholics display some of the neurotic tendencies that crippled Hector MacD.

What of the other group, the men who start drinking heavily earlier in life, and who become alcoholics in their forties and fifties? Common sense and basic arithmetic supply the most obvious answers. Such men usually reach their forties or fifties before their deterioration has become so marked that they themselves, their wives, other members of their family or their employers seek medical help for them.

A recent medical survey confirms this view. Sixty-two alcoholic men being treated by an institution's outpatient clinic were studied and their drinking patterns analyzed. They started drinking at some time between the ages of seventeen years and twenty-one years nine months. They *began* to lose control of their drinking from ten to fourteen years six months later. Then another ten to twelve years, agonized years, passed before they were forced to ask for help.

So, by the time one of these men became a figure in a clinical statistician's book, he was in his mid-forties, even though his drinking had been a serious ailment for many years. Clearly, then, it is wrong to think alcoholism is nec-

essarily a product of the middle years. It is often the end result.

The problems of the man whose drinking became acute before he reached the age of the male crisis are doubly pressing. He is prey to the various pressures that are common to all men of the forty to sixty group, and he is, at the same time, suffering from a severe psychological and physical disease. Professional treatment is mandatory for him.

He can be given temporary relief if he undergoes a "drying out" process. If he has been drinking to excess steadily over a long period, he is probably undernourished and needs a special diet to restore his health; alcohol, consumed to excess, kills one's appetite for food. Drugs can give him assistance in overcoming only the immediate effects of the withdrawal of liquor. Psychotherapy is essential to restore his equilibrium and self-confidence, to teach him why he sought refuge in liquor—and to give him the strength to *stop drinking completely*. Abstinence is the only ultimate "cure."

Alcohol consumed to excess is a narcotic stimulant and, simultaneously, a sedative. It is as much a "drug" as opium, and the addict who becomes its victim is incapable of helping himself. This is true, of course, of those who suffer from all addictions, and I could include as addictions everything from too much sex to overindulgence in food, to heavy smoking, to a compulsive desire for neatness. Liquor, however, causes problems of a peculiar nature for the man who drinks too much. The reverse is also easily

seen: the alcoholic has special personality problems that *cause* liquor to have a narcotic effect on him.

Two men of the same age, relatively equal in weight, strength and physical condition, can sit together and drink. One can drink four highballs and, although he undoubtedly is under the influence of the alcohol to some extent, can still "navigate," knows what he is doing and is rational. The other becomes hopelessly intoxicated on the identical quantity of liquor, "blacks out" and has no memory later of what happened during a period of hours and, unlike his companion, must resume heavy drinking as soon as he awakens the next day.

The reasons for this difference are as complex as they are numerous. The personalities of the two men are of paramount importance. The anxieties, depressions and guilts that trouble them determine their reaction. Biochemical differences may or may not play a significant role, too.

Sex and Alcohol

Within carefully controlled limits, intoxicating beverages can be a stimulant to sex. But, as countless men have learned to their embarrassment, when liquor is consumed to excess, it causes temporary impotence, just as it induces a state of temporary frigidity in women. A small amount of alcohol may cause an inhibited person to relax, but the danger lies in not knowing when to stop.

Alcohol consumed in limited quantities offers relief from tensions. However, as virtually everyone who has ever sipped a highball or cocktail has learned, each individual

has his own "quantity gauge," which in turn is based in part on his mood and physical condition. If he drinks too much, the results can be extremely uncomfortable and immediate; although he may desire sexual relations, his potency is reduced.

At best, the relief from tensions dissipates within a few hours, and the aftereffects of too much liquor consumption create disturbances of their own, both psychological and physical.

Drinking to excess, then, is always dangerous. On the other hand, controlled social drinking is accepted as a custom throughout much of the civilized world. In many homes and in many lands, guests are offered a distilled or fermented beverage; in some nations, children drink small quantities of wine with their meals.

It is almost redundant to say that alcohol is the source of many kinds of pleasure: it is the common denominator that makes a social gathering livelier, it sharpens wits and appetites, and it induces relaxation.

The secret of successful drinking is moderation. He who forgets this all-important rule will always be sorry.

Tensions and Depressions of the Middle Years As a Factor in Alcoholism

Clinical tests indicate that a man who begins drinking heavily in his forties and fifties may become an alcoholic more quickly than one who starts earlier. No conclusive figures are yet available, but for purposes of illustration, it might be said that while problem drinking may develop

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over a period of one or two decades in a young man, alcoholism can afflict the man of forty to sixty within a very few years of the time that he starts drinking too much too often. The precise reason has not yet been conclusively determined, but logic points the way in the dark. It is fairly reasonable to assume that the man who starts to "drown his troubles" in earnest during his forties or fifties has been a heavy social drinker for a number of years, and is therefore ripe for alcoholism.

The tensions and depressions of the middle years are the Achilles' heel of the man of forty to sixty who becomes an alcoholic. The knowledge that he must achieve his goals within a limited period of time goads him, and he is haunted by the fear that his dreams will never materialize. As we will see subsequently, all alcoholics are emotionally immature, so the man of middle years who fears he is, or will be, a "failure" in life is someone incapable of coming to grips with reality.

Fears of waning sexual potency can cause a man to become a problem drinker, too. In many instances, patients realize that liquor is aggravating their condition of impotence, and continue drinking all the more. It is as though they are saying, "I am becoming impotent because I'm growing older, and because of other reasons which I half-feel and half-suspect within myself. I don't like those feelings. So I'll drink heavily. Then I'll be impotent, all right, but I won't have to worry, because I'll know that liquor is the direct cause of my impotence."

The alcoholic creates a medical problem that in many cases is unique. When a man breaks his leg, feels a chronic

pain in his stomach or discovers that his eyesight is impaired, he needs little urging to seek the advice and treatment of a physician. The alcoholic, however, may stubbornly resist all treatment, even though he may realize he is disturbed. His hostile attitude toward his wife—and he is usually hostile toward her—makes it impossible for her to help him solve his problem. He is like a small child who disobeys an injunction, knows he has done something wrong and repeats the act again and again out of a sense of defiance. The alcoholic convinces himself that there is nothing wrong with him and that his wife, friends and business colleagues who are trying to persuade him to see his family doctor or a psychiatrist are conspiring against him.

He will do nothing to help himself, and refuses medical aid of any kind until he suffers a complete breakdown. That is one of the built-in tragedies of the disease. It stems directly from the personality problems of the alcoholic.

Causes of Alcoholism

The alcoholic is a person who has never become an emotional adult.

Everyone, as an infant, feels his greatest security when a suckling. The alcoholic, feeling insecure, inadequate and depressed, reverts to the habits of his earliest days, but instead of drinking his mother's milk, he substitutes liquor. It is a liquid that he places in his mouth, then swallows, and it makes him "feel good," at least for a time. This soothing effect is something he craves and needs, and the

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deadening of the brain that accompanies his drinking removes, temporarily, his sense of unhappiness, his ever-present anxiety, his terrible feeling of guilt.

These feelings need not have been caused by any recent act he has committed. A recent act may trigger a drinking spree but is not the actual cause. He drinks because he is depressed. He is depressed because he feels inadequate, incompetent, and may be vaguely aware of a sense of guilt hanging over his head.

In all probability he is a man of considerable personal charm, humor and intelligence. He may be successful in his work, he may have a loving wife and children, he may have interesting hobbies. Nothing, however, gives him the satisfaction he craves.

He is a person who has never become emotionally adult. That is, even though he is a man in the physiological sense, he has never really grown up. Like a little boy, he depends completely on "mother's love." The woman who gave birth to him may be dead, or if she is still living, it is likely that she is incapable of giving him the kind of maternal affection for which he is starved. Had she given it to him when he was a child—or if she did and he had been capable of receiving it—he wouldn't be facing his alcoholic problems.

It may be that his wife is devoted to him, but here again, he is incapable of understanding or accepting her love. The maternal love she showers on him may roll off his back because he feels she is rejecting him. This inability to recognize reality stems from his depression, from his sense of inadequacy and guilt, which in turn cause frustration. In effect, he is saying to himself, "My wife is

only pretending that she loves me. How could she truly love such an unworthy person?"

His frustration causes him to turn to liquor. Everyone has seen a frustrated baby suck its thumb or jam its fist into its mouth. The alcoholic is doing precisely the same thing as the baby.

The liquor he drinks becomes a substitute for the maternal type of loving he craves and either isn't getting or believes he isn't getting, which are in his mind the same thing. Liquor enables the alcoholic, if he is still potent, to seek the kind of loving protection he wants from sources other than those best able to help him. He may go to a prostitute. He may turn to some woman, other than his wife, who creates the temporary illusion that she is sympathetic and soothing.

Another element is present, too, regardless of whether he has intercourse with "the other woman," visits a prostitute or simply leaves his house and spends an evening at the corner saloon with the fellows. He is punishing his wife, revenging himself because, he thinks, she doesn't love him as he must be loved. The hostilities of the chronic alcoholic toward his wife are enormous, and although he clutches her when sober, needs her and leans on her, he thrusts her away from him—mentally, and sometimes physically—when he is intoxicated.

It was long believed that national origins and even religious backgrounds made people either more or less prone to alcoholism, and there are some who still cling to this view. For example, surveys made a number of years ago "found" that people of Irish extraction might become al-

coholics relatively easily and that those of Chinese extraction were more likely to resist the disease. Other, more recent studies indicate that these conclusions may be inadequate and misleading. The personality and background of the individual, not his national, racial or religious origins, are the important factors that drive him to alcoholism.

The childhood experiences of every man leave their indelible mark on him in many ways, as you have seen. The alcoholic, generally speaking, was indulged or spoiled as a boy. In the difficult, complex and competitive world of adults, he who wants or expects to be spoiled is doomed to suffer frustration, which enrages and frustrates him. So he rebels and misbehaves, then feels sorry for himself and, like a small child, is tormented by guilt. Just as a little boy needs to be forgiven for having committed an act he knows is wrong, so the alcoholic demands forgiveness for his errors.

If he fails to receive this forgiveness in full measure from his wife, his friends, his employers, he is certain he is being deprived of the love and affection he craves. As no one can satisfy his demands for love, a sense of frustration rises in him again, and the weary, vicious cycle begins again, the wheel turning faster with each spin.

Unnecessary Fears of Alcoholism

Many men, having grown up in families or in social or religious groups in which drinking is not tolerated and may even be considered evil, fail to understand the possible

beneficial role that alcohol may play in their lives. Such men are often prey to unnecessary fears that they may become chronic alcoholics.

The man who comes home after a hard, tense day of work and relaxes over a highball or cocktail may be doing himself a great deal of good, both mentally and physically. Provided, of course, that he drinks moderately.

Scotch-Hopping

As in other phases of the male crisis, the drinking problem can be handled by the man who controls his appetites and does not allow his fears to overwhelm him. Obviously, someone who drinks to excess at a party and broods fearfully for days afterward is giving in to depression, compounding his tensions and making life more difficult for himself. If he were to take an objective view of his drinking pattern, he would know he is not an alcoholic.

His wife can help—or make the damage worse. The woman who flies into a rage because her husband, who has been working at top speed all day, stops for a drink or two on the way home is increasing his hostility toward her. She is, in fact, encouraging him to become a problem drinker.

A highball or two at a hotel or club bar, gulped down with one eye on the clock because the 5:48 to suburbia doesn't wait for the tardy, doesn't necessarily mean a man is Scotch-hopping his way down the path to distilled ruin. The gas station attendant who pauses on his way home for

a shot of whiskey or a glass of beer may be relaxing in the same way and causing himself no harm.

The corporation executive and gas station attendant who make a habit of stopping off somewhere for a drink may be asking for trouble, of course. And the wife who increases her husband's tensions by nagging at him rather than trying to find ways to help him relax is causing potential damage to his health, her own peace of mind and their marriage.

There is no magic formula a woman can apply, but in most instances anyone married to a man in his forties or fifties has been his mate long enough to know what will help him unwind. She understands whether he wants silence or gay chatter, whether he wants to see the children or prefers to draw a deep breath first, whether he wants to eat dinner immediately or read his newspaper, take off his shoes or go out for an evening of bowling or a game of bridge with the neighbors, or perhaps spend a few hours with a book. She probably knows, even before he realizes it himself, when he wants sex relations with her.

The man himself should remember that a tendency or two doesn't make him an alcoholic. Too many factors are involved, and snap judgments can be false and misleading. On the other hand, anyone who is aware of latent or acute alcoholic problems within himself should not ignore the danger signs. If he simply hopes the distress will vanish, he is as stupid as someone who believes that a broken, twisted leg will be straight when and if it heals. Such an attitude, clearly, is unworthy of the man who has reached the age of maturity.

A Guide for the Worried

Few people can see their own faults, and even the wisest often delude themselves. Everyone is assailed at one time or another by worries and self-doubts. For those who are concerned about their drinking, here are a few questions; if your answers are positive, the danger signals are flying:

Do you drink regularly? That is, do you always take one or more drinks at a given time or period of the day, every day? Do you feel a craving for liquor if you miss liquor at such a time?

When drinking regularly, do you continue to imbibe, even when you know you've had enough?

When you are drinking, do you lose your appetite and your interest in food? The problem drinker gradually loses interest in food and, like the morphine addict, eventually relies solely on the drug he wants so badly.

Are you a steady "morning drinker"? Do you have the urge to drink during the morning? As the drinking problem increases, the potential alcoholic feels an ever-increasing craving for liquor in the morning. He must have a drink before breakfast; after a time, he needs more than one. Eventually, he loses all interest in breakfast. Finally, as he grows more dependent on alcohol, time means nothing to him, and he drinks at any hour of the day or night that he is conscious.

Do you make light of your drinking habits when discussing liquor with others? Do you feel compelled to raise the subject, even when no one else is discussing it, in order to assure people that drinking means nothing to you? Do

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you pretend to others that you drink less than you actually consume? And do you sometimes convince yourself and believe your own fairy tales about how "little" you drink?

Are you a secret drinker? Do you drink small nips—or take big gulps—throughout the day? Do you find reasons to leave your office or shop or your place on the assembly line to snatch a "quick one" at a bar? Do you keep a bottle for this purpose in your desk drawer or locker?

Do you drink alone? Except on rare occasions, the social drinker doesn't enjoy drinking alone. The problem drinker, however, doesn't care whether anyone else is present; he isn't drinking for pleasure. He drinks because his craving for alcohol is becoming increasingly overwhelming.

Do you drink to give yourself greater courage before facing a new situation, a tense situation, a crisis? Do you find that you are making more excuses to drink after facing a new situation, a tense situation, a crisis? Naturally, there are occasions when a drink can soothe ruffled nerves, but the man whose nerves become ruffled regularly, and who drinks regularly in order to steady them, is well on the road to serious problem drinking.

Do you drink, frequently or regularly, prior to an important business meeting? Do you drink, frequently or regularly, prior to either a business meeting or a social event at which you know you'll meet new people?

Do you drink to steady shaking hands? Do you reach for a drink to cure a hangover? Do you do these things regularly?

Are you drinking more and more straight drinks of

whisky origin or vodka or rum or brandy—or whatever? Do you drink out of the bottle? Do you drink, regularly and steadily, without measuring the amount of alcohol you are consuming?

This question applies only to the man who has been drinking steadily and rather heavily for some time: Are you losing interest in sex?

Again, assuming you've been drinking heavily and steadily, do you make it a practice to drink in order to release your sexual frustrations and inhibitions? That is, do you drink regularly in order to "let loose" in sex, to engage in sex play and sex practices that you would be afraid, ashamed or embarrassed to indulge in when sober? The key word here is *regularly*. Many people have found that liquor has helped them to cast off their fears, forget their shyness and engage in sexual experiments. But the nonalcoholic, having learned greater freedom, stops relying on liquor. The problem drinker continues to use alcohol as an "aid" in sex relations.

Do you find that you are neglecting your personal appearance more than has been your custom in the past? Do you get your hair cut less frequently, shave less frequently? Do you find yourself increasingly careless about personal hygiene? And if so, do you become angry and resentful if someone criticizes your appearance?

Do you drink because you feel depressed? Do you think or feel or believe or just hope that liquor will help you to get rid your depression or of a sense of irritation or fear?

Have you missed any days of work this year, this month,

this week, because of hangovers which you have disguised as head cold, rheumatism or other ailments?

Do you find "reasons" for drinking? The vast majority of physicians who have studied the disease are in hearty agreement that finding some "reason" for drinking is probably the most significant sign that a man has become a problem drinker and is drifting toward chronic alcoholism. These "reasons," or excuses, are endless. A few typical examples:

"My wife and I have been on the outs lately. The only way I can calm myself is to have a few drinks."

"My wife wants sex and I don't; after all, we've been married a long time. So I take a few drinks. It's the only way I can get interested."

"My boss doesn't have anything better to do than criticize me, and I can't talk back to him or I'll lose my job. So I take a few drinks to forget his harping."

"I've got financial worries that make my stomach leap around like a fish out of water. If I didn't take a few snorts I'd be in a straight jacket."

"Everybody in that crowd—the men, and their wives, too—think I'm no good. When I have a few slugs under my belt, I don't care what they think."

We are not suggesting that anyone who has answered Yes to the questions raised here is an alcoholic. As the reader has seen, the problems are complex and can't be reduced to a simple formula. But the man who replies in the affirmative, honestly, has cause for concern and should seek professional advice from a physician.

Is Alcoholism a Disease That Can Be "Caught"?

I am indebted to a colleague, whom I met recently at a medical convention, for the following case history.

Mrs. Andrew H., a woman of forty-three who looked somewhat younger and made considerable efforts to keep her figure, was prominent in the civic affairs of the city in which she and her husband lived. She tried hard to lead a "normal" life, even though her husband was a chronic alcoholic who behaved erratically, abused her and frequently absented himself from his office. She made strenuous efforts to preserve her marriage, ignoring her husband's viciousness toward her, acting as a buffer between him and their children and intervening on his behalf with his employers.

Eventually it became evident to Mrs. H. that she was accomplishing nothing constructive, and she realized that although she loved her husband and felt certain he loved her, the marriage would collapse without outside aid. Mrs. H. knew nothing about psychiatry, which she had always mistrusted and derided, but when the family physician suggested that her husband seek psychotherapeutic help, she agreed, out of desperation.

At the suggestion of the psychiatrist, Mrs. H., too, visited him on an average of once every six weeks during the twenty-seven-month period that her husband was under treatment. Andrew H.'s improvement was slow and far from steady; on a number of occasions he suffered relapses characteristic of the disease.

As a direct consequence, relief in domestic tensions was only temporary. Bitter arguments disrupted the household not only when Andrew H. went on a drinking spree, but also during the periods following such bouts. At these times he suffered from "withdrawal symptoms": he suffered physically, he was tortured mentally and, unable to face himself, blamed his wife for his condition. The home atmosphere did not improve appreciably.

Mrs. H. professed to be eager to assist in her husband's therapy and repeatedly assured the physician that she would do anything to help. She often volunteered the assurance that, in spite of the terrible trials she was forced to endure, she would remain married to her husband.

The psychiatrist was treating Andrew H., not his wife, but as he was a trained medical observer, he became aware of growing depression and anxiety in Mrs. H. On several occasions she let slip that she had turned to the bottle in order to relieve her own tensions. It was obvious that she was succumbing to emotional disturbances and therefore was no longer able to provide the stable environmental anchor that her husband's condition required.

She displayed strong hostility and stubborn resistance when it was suggested that she herself would benefit from psychotherapy. Sulking, she absented herself from the office of the physician for three months, breaking two appointments with him and refusing to speak to him on the telephone. During this period, the physician gleaned from Andrew H., her disturbed state became worse and her drinking increased.

Andrew H., losing all control, went on a drinking bout

that lasted more than a week. He absented himself from his home during the final two days of the period, suffered a "blackout"—that is, had no memory of anything that happened during this time—and climaxed the spree by becoming so violent that the police arrested him. Mrs. H., badly frightened, went back to see the psychiatrist.

Brief, gentle questioning revealed that she knew she was suffering from insomnia, loss of appetite and an ever-present sense of depression. Understanding that she was not in the best of mental or physical health to weather her husband's storms, she agreed to seek help, and the psychiatrist recommended that she see a colleague.

Mrs. H. learned, in her comparatively brief course of treatment, that her feelings were ambivalent. Naturally she hated the distress caused by her husband's drinking. At the same time she had been afraid that if he stopped drinking to excess, he would leave her. She was convinced, in her unconscious mind, that he would no longer depend on her if and when he freed himself from the bondage of alcohol.

Startled by the discovery, she realized she was becoming a victim of the same emotional disturbances that had trapped her husband. She felt deep hostilities toward him; she drank to "let off steam" and then suffered remorse. As her condition was less advanced than that of her husband, she began to improve rapidly.

Thereafter, Andrew H. began to respond more readily to treatment, finally reaching the conclusion that the only way he could save his marriage, keep his position and, literally, preserve his life would be to give up drinking completely.

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The cases of Mr. and Mrs. Andrew H. are typical of a relatively new trend in the approach to marital discord caused by the alcoholism of one or the other partner. The wives of alcoholics have received a great deal of attention, but until the past few years the focus was placed on the alcoholic alone. Psychiatrists knew that the attitudes of wives influenced the problem drinker, of course, but the wife, as an entity, was assumed to be strong enough to stand on her own feet.

Extensive studies of the problem of the alcoholic reveal that when a man is a problem drinker, his wife frequently becomes one, too. If she does not, she nevertheless becomes disturbed, and she and her husband pass "infections" back and forth in an unending stream.

It is useless to point a finger and say that a man became an alcoholic because of his wife's attitude toward him or that his alcoholism was responsible for her upset state. It is far less important to decide whether the chicken or the egg came first than to restore—or, in some instances, create—a harmonious, healthy marital relationship.

Some authorities still hold to the belief that the wives of alcoholics come from the ranks of women who were emotionally disturbed prior to their marriages. According to this view, such women seek and find spouses who are weak, who do not threaten her frail and delicate emotional balance and who can be manipulated to meet her personality needs. According to some exponents of this theory, the wives can and do remain "healthy" only as long as their husbands are problem drinkers; when the husbands are cured of their alcoholism, the wives, robbed of their feel-

ings of dominance, superiority and control, become so upset that they begin to create troubles.

A complementary, parallel theory suggests that alcoholic or potentially alcoholic men tend, unconsciously, to select dominating, seemingly motherly women as their wives. A woman of this type actually uses the maternal role she assumes to mask what she secretly believes to be her inadequate femininity.

Any attempt to weight these theories is, at best, extraordinarily difficult. Even tests on all levels to include representative samplings of every type of wife of every alcoholic would be a gigantic task, and the results might be misleading. It must always be remembered that there are exceptions to even the most sweeping generalizations and that no two men or no two women are identical.

Obviously, and unfortunately, the only wives whose personalities can be studied by trained researchers are those who have remained married to their husbands in spite of chronic alcoholism. The high divorce rate among alcoholics leads me to suspect that these overly dominating wives may be the exceptions rather than the rule. Figures which are admittedly fragmentary nevertheless emphasize that the majority of women who find themselves married to alcoholics seek divorces. In other words, these women are "normal," and escape from violent unpleasantness rather than put up with an intolerable situation.

Another factor that makes scientific analysis hazardous must be considered, too. As you saw in the cases of Mr. and Mrs. Andrew H., if women still living with alcoholics are emotionally disturbed, even the most skilled practitioner can't necessarily determine whether the alcoholism

grew out of the marital discord or caused it. It would be guesswork to state that, in a troubled marriage clouded by problem drinking, the personality clashes, as such, were deeper and more complicated than those in healthier marriages; no physician, marriage counselor or psychological laboratory technician would relish the suggestion that he draw a chart showing whether the tensions emerged before or during the recurring crises faced by a woman living with an alcoholic.

In all probability, a more specific definition of the roles played by the wives and the influence of their personalities on their husbands' alcoholism will have to await the accumulation and analysis of much more data than are available at present. Just as various psychological tests made in the past ten years reveal no single "alcoholic personality type" of man, less thorough examinations conducted to date indicate no predominant pattern in their wives.

Until more is known about the nature of alcoholism and its remedy, the influence of biochemical factors and other elements that may as yet be unsuspected and the part played by the personality of a wife in the onset of her husband's problem drinking, in the persistence of the disease and in its alleviation will remain speculative. One intelligent guess is as good as another.

Plain common sense tells us that the wives of active alcoholics are emotionally disturbed and quite understandably. When a situation isn't sufficiently difficult to threaten the security of a problem drinker's wife, she will usually admit freely that she is worried about her own sanity and health.

A Word to Remember

An ancient Latin proverb states, "Wine is one thing, but drunkenness is another."

So let the vast majority of drinkers—social drinkers—take heart, including those who slipped one night recently, for the first and only time in many months. Those who worry about their drinking unnecessarily are causing themselves almost as much harm as the self-havoc wreaked by the alcoholic when he tipples. The man who is in doubt can probably learn the truth about himself from his wife, if their relationship is solid, from his friends and from his business associates. If his concern is serious and persists, he should consult a qualified physician.

He who fears, without real cause, that he is an alcoholic or is becoming one is a victim of one of the most common ailments of the middle years. He belongs in the same class as the man who fears he is growing impotent, the man who is afraid he is suffering from cancer, the man who sees his neighbor fall and feels a sharp pain in his own back.

It might be well to recall a saying that was common on the early American frontier, in an era when the unrelieved pressures of grueling physical hardships forced a man to live and work ceaselessly. "There comes a night," our forefathers said with laconic wisdom, "when we all get tight."

Advice to today's man of forty to sixty can be worded in terms equally basic: Don't panic.

However, if you fret in spite of your best intentions, in spite of efforts to exert self-control, go out for a walk, read

a book, visit some friends. But whatever you do, *don't* reach for that liquor bottle to ease your tensions!

When Does a Drinker Become an Alcoholic?

The prejudices and misunderstandings of centuries cannot be swept away overnight, but most people are beginning to realize that alcoholism is not a sin, not a criminal offense, and that the alcoholic is someone who is ill rather than a social outcast. In brief, alcoholism is a disease.

How may an alcoholic be defined? The following definition has gained wide acceptance throughout the United States and is used by many who are active in the fight against the disease: Alcoholism is a chronic behavioral disorder manifested by repeated drinking of alcoholic beverages in excess of the dietary and social uses of the community and to an extent that interferes with the drinker's health or his social or economic functioning.

Is there a difference between problem drinkers and alcoholics?

Yes, but the difference is one of degree. The problem drinker is suffering from alcoholism, but he has not yet reached the bottom of the slide. If he continues to drink steadily and heavily, he will, in all probability, become a victim of chronic alcoholism.

There is no such thing as being a little bit alcoholic. Anyone who thinks he has "slight" drinking problems is fooling himself. A woman can't be a little bit pregnant; no one can be a little bit dead. The problem drinker is suffering from a disease and should seek psychiatric help.

7

Related Emotional Problems of the Man of Forty to Sixty

THERE ARE A NUMBER OF RELATED DISORDERS, OTHER THAN those previously discussed, that plague the man of middle years. All are specific problems of the man of forty to sixty.

A word of warning: Do not think of these disorders as minor. The man who is distressed by one or more of them is troubled.

You might study a chart of the diseases prevalent in the United States during the past decade and—to invent a figure solely for purposes of illustration—you might read that there had been one case of the black plague and that it had been fatal. There was no such case in reality, of course, but let's suppose it had been real.

"Only one case," you might say. "A minor disease."

It would not have been minor to the man who suffered the illness or to those he left behind.

Masturbation

Masturbation, self sex arousal, is practiced by many men in their middle years. In some instances, the act is harmless; the man injures neither himself nor anyone else. In others, however, masturbation is a symptom of an emotional disturbance, and the troubled man who masturbates requires medical assistance.

It is unfortunate that many people know too little about masturbation. It is virtually universal in children and adolescents. In exploring the mysteries of sex, in turning one's love inward, as all children do, at times, the performance of the act of masturbation becomes virtually inevitable.

Too many adults, failing to realize that virtually everyone else on earth has masturbated in childhood, feel guilty all of their lives because they once practiced masturbation. Not only is the act harmless, but it is as normal as sexual intercourse, within limitations and under conditions practiced by most people.

As boys grow to manhood, they gradually lose interest in masturbation. They stop indulging in this act of self-love when they obtain erotic satisfaction from members of the opposite sex.

Under some circumstances, the performance of the act of masturbation by a mature man is harmless. For example,

business necessity may cause a man to be separated from his wife for a period of many weeks or months; he harms no one if he relieves his tensions by masturbating.

However, the man who continues to masturbate throughout his adult life is troubled.

When a mature man has the opportunity to perform the normal act of intercourse with a woman and either prefers to masturbate or sometimes has intercourse, sometimes masturbates, it is obvious that something he craves, either consciously or unconsciously, remains unsatisfied.

Such a man should consult a qualified physician.

Night Emissions

Night emissions are common and normal in older boys and very young men who have not yet had the chance for enough sexual outlets. Like masturbation, they sometimes continue into the middle years, and when this occurs, it is a problem that the sufferer must face realistically.

The man who abstains from sex is almost literally letting off steam when he has an emission in his sleep. The same is true of the man who, for some special reason, is sexually excited and has no outlet. When this happens in normal life, it does *not* indicate a disturbed emotional state. For example, a healthy man, who loves his wife, abstains from sex for a period of several months because his wife is ill. In such a man occasional nocturnal emissions are completely normal.

However, when one abstains deliberately but has the opportunity for intercourse with his wife, and still has

nocturnal emissions, he is disturbed and needs the help of a qualified medical practitioner.

The same is true of the man who engages in normal sex relations and subsequently has emissions in his sleep. It is almost always true that the emission has been triggered by a dream and that the dream is an expression of a gratification that remains unsatisfied in his real sex relations.

Night emissions, like masturbation, are not in themselves disorders, but are *symptoms*, signs that the man is a victim of an emotional disturbance.

Anxiety

Anxiety, as such, is not a disorder, either. It is an emotion, a state of feeling.

As you saw in the chapter on depression, it is a contributor to that ailment.

Anxiety need not cause depression in the man of middle years, however, and can be a contributor to many other serious emotional disorders.

Of course, all of us feel anxiety at one time or another.

The man of forty to sixty who has anxiety symptoms is suffering from inner conflicts. These conflicts take place between his basic or instinctual needs, his conscience and society, which does not, will not or cannot give him satisfaction. Keeping in mind that the man of middle age hears a clock ticking away the years, perhaps he simply thinks he cannot obtain this gratification, which produces anxiety, even though the goal is within his grasp. Similarly, he may fear that he won't get what he needs, and this, too, creates anxiety.

From earliest childhood, every human being wants love and wants to avoid punishment for misdeeds. These desires continue to manifest themselves throughout one's life, and every person erects inner bulwarks, defenses against the possible loss of love and the unpleasantness of punishment. You worry, you become angry, impatient, even violent because you dread loss or punishment. This dread is one of the many forms of the state of anxiety.

In general, however, neurotic anxiety is not a specific fear. A soldier who crouches in a foxhole while an enemy plane passes low overhead suffers from a fear of being hit by a machine gun bullet. He is afraid of something tangible, and he is aware of his fear. His is a normal, healthy anxiety.

The deep inner conflicts, which can lead to disturbances and can cause a man to become neurotically ill, are not conscious and are therefore that much more difficult to root out.

Anxiety, in one of its many faces, is present in almost every emotional disturbance. It causes one's feelings to become snarled, and it creates anguish, mental torture and violent emotional upheavals. It can create fright as severe as that suffered by the soldier being strafed by enemy bullets. When it is mild, it can cause mild pain, both emotional and physical. When it is severe, it causes great pain and can be a factor in the creation of physical disturbances, such as chronic headaches, a thumping heart or a feeling of fatigue that one cannot shake off, despite attempts to get enough sleep, food, rest and recreation.

I must emphasize here that all men and all women of

every age suffer from normal, healthy anxieties. Life is never completely smooth sailing; and problems arise in vocational, domestic and social situations, to name only the most obvious, that cause people to become apprehensive. In most instances, the problems are solved, the incidents or attitudes that threaten one's security vanish, and the feeling of anxiety disappears.

The man of forty to sixty, who may be suffering from many of the pressures which I have already discussed, is particularly vulnerable to anxieties. He is worried by the aging process he is undergoing; he feels he is slipping, both physically and mentally; he is worried about the approach of old age. Therefore his anxieties mount, and he is stepping into the very pitfalls he attempts to avoid.

The disturbance becomes worse in the man of middle years if he is feeling anxiety but cannot define the reasons. The new fear intensifies the old apprehensions, and the two chase each other in a vicious cycle. Frequently the anxiety is created by a current situation and disappears if the situation is conquered or in some other way resolved. However, if the condition persists, other signs of disorder will appear, too, and the man who suffers from complex disturbances should obtain counsel from a qualified physician.

Anxiety can play a major role in creating many individual, specialized fears of a sort that most other people do not share. Some may fear heights, others may hate the feeling that they are trapped in narrow confines; some cannot abide odors or sights that other people find completely inoffensive. The list is endless, and the causes, anxi-

ety among them, are buried in the background of the sufferer.

Even when anxiety causes a severe disorder, the discomfort can be reduced. When the patient understands his problem, his anxiety lessens. He learns that he has carried many of his earliest fears into his middle years, and although he may be forty or fifty or sixty, discovers that he is, in some respects, emotionally immature.

I want to re-emphasize here that no man should blame himself for being emotionally immature to one degree or another. It is not his fault, in the sense that he has not cultivated the disorder deliberately. The man whose teeth are bad because of parental neglect or improper training during his childhood has no reason to feel guilty when he visits the dentist. But, after he learns dental hygiene, he must accept adult responsibility for his teeth. Similarly, the man so emotionally immature that he damages himself—and in the process necessarily hurts others—must learn responsibility.

No one is completely mature, regardless of his age, learning and experience. All of us are still childish in some ways, adolescent in others. But the well-adjusted man has remained immature in relatively few ways.

Anxiety affects our entire society, and the pressures increase as the cold war rages, as thermonuclear bombs cast their shadows over all of civilization, as our industrial pace quickens and our daily living becomes more complex. The factors that produce greater anxious tension seem to grow constantly, and society fights, sometimes in vain, to change the pattern.

In our grandfathers' time, people knew who they were, as groups, as families. An immigrant unskilled laborer was content, provided he did his work well, supported his wife and children and reared his family decently. Today, everyone demands higher "status," everyone is struggling for success—which can mean different things to different individuals—and everyone is trying to raise himself to a level above his neighbor's, without being quite certain what it is that he himself wants. Some of the women's magazines to the contrary, the family as the core of society has been melting away, which has been inevitable since women have become breadwinners and have found greater freedom of expression in every phase of living. Grandpa's tyrannical rule of his household, which may have created many unfortunate emotional problems, at least gave Grandpa a feeling of security and allowed the other members of the family to know where they stood.

There has been no successor to Grandpa, and as society gropes toward new goals, new sets of values, new standards of achievement, anxiety mounts. Today's man of forty to sixty, familiar with the past and trying desperately to cope with the still-fluid present, is even more subject to anxieties than are his juniors, who never knew the stern rigidity of Grandpa's rule.

Still another phase of anxiety I want to clarify is the reason the disturbed man of middle years feels apprehensive. Unlike the soldier in the foxhole, who is all too aware of the fact that he is helpless, the man suffering from one degree or another of neurotic anxiety is an insecure person. He feels the compelling need to be the absolute master of

his fate; only then does he feel "safe." Any threat to his security—either real or imagined—infuriates him, as it reminds him of his weakness, of the fact that no one can provide for all that may happen in life. Robbed of his sense of omnipotence—which he knows is false—he becomes anxious, dreading the unknown.

Normal anxieties are being created constantly in the well-adjusted man's attempt to solve the problems raised by the clash between his personal principles and opposing standards. In his attempts to maintain his self-respect, to attain prestige, to win love and success, anything that comes between him and what he wants causes him to feel anxious.

The healthy man responds to these threats to the best of his ability, strength and talent. He uses his courage and calls on his inner resources to meet the threat. He masters it, when he can, and when he knows he will meet defeat, he accepts the inevitable.

Someone suffering from an anxiety disorder, however, sees a threat in exaggerated terms. It becomes enormous, ominous, in his distorted view. *All* of the inner walls he has erected to protect himself from the world seem threatened. At the root of his fear is a feeling of complete helplessness. He is no longer in the driver's seat and is afraid that the car in which he is careening wildly is going to crash into a wall. In cases of severe anxiety, he is afraid the crash will destroy him.

There is some evidence to indicate that anxiety, as a disorder, appears relatively more often in the higher income groups than in the lower. Children in these groups are

raised to believe that it is essential to be successful in life. Simultaneously, a child is taught that unselfishness, fairness to others, love of fellow humans and similar standards are to be cultivated. These ethics often clash with the attempt to achieve success, and the man, with both values embedded in him since childhood, is often apt to develop an emotional disorder, with anxiety as its core.

There are, as everyone knows, a host of tranquilizing drugs on the market today, many of them specifically made to ward off anxiety. A word to the man of intelligence: Do not, under any circumstances, take any tranquilizing pill on your own initiative. *Always* seek the advice of a qualified physician if you feel you require medication, and *always* use only the medication that has been prescribed for *you*. Do not take pills that have been prescribed for your wife, a relative or a friend.

Boredom

Boredom is an emotional state that *may* afflict any person, of any age. It is usually worse in the elderly, who have retired and consequently may have little to occupy their time.

Boredom is also common in those men of middle years who have developed few interests outside of their work in a fiercely competitive society, and who, due to increased leisure time on their hands as a result of mechanization and automation, literally don't know what to do with themselves.

How should the leisure time of the man of forty to sixty be used?

The question can only be raised here, not answered. It is plain to everyone that man can spend only so much of his time eating, sleeping and buying things. One can find useful pleasure in owning only so many automobiles or speedboats, power saws or suits of clothing or cement mixers.

Recreational activities include reading, participation and spectator sports, travel, social activities with one's wife, family and friends, games. They also include the participation and spectator arts, handicraft hobbies and the development of scientific hobbies and interests, to name the principal fields.

How to find new avenues for leisure-time exploration and growth, and how to utilize those now available, are not my concern in these pages. What I must examine now, briefly, is the situation of the man of middle years in a leisure-filled world.

As you have already seen, the period of greatest creativity, in most cases, begins around the age of forty. The well-adjusted, intelligent man of forty to sixty is enjoying his age of greatest potential creativity; all that his mind and experience have taught him are available for maximum use.

He is working harder and longer during these years, perhaps, than ever before or ever again in his life. However, more than one fifth of his time is available for leisure. How does he react to this free time? Does he use it pleasurably? Does he use it to improve his mind, to relax, to strengthen his body?

Or does he become bored and do—nothing?

SEX AND THE MATURE MAN

Everyone, at some time or another, feels bored. Even the most exciting activities can be dull, flat and disinteresting. The state of boredom, then, is common to all of us. The healthy man does not remain bored, however. He rouses himself from his lethargy rather quickly because he finds things to occupy his time that will prove interesting, relaxing, stimulating, enjoyable. Or, perhaps, he is roused from his boredom by others with relative ease.

The man who is disturbed will find it more difficult to shake off his boredom. Similarly, others will find it more difficult to arouse him. His boredom is not, in itself, a disorder but is a sign that he is disturbed.

Boredom in the man who is not in emotional good health is a screen he uses to hide his anxiety. He who finds himself easily bored and difficult to rouse is suffering from anxiety. He is using boredom, although he doesn't consciously realize it, to conceal the fact that he is fearful.

Boredom can be dangerous, for one can use it as one uses alcohol for purposes of self-anesthetization. In other words, the more bored a man becomes, the more likely he is to become even more bored. The feeling is one that, when indulged, causes itself to become worse. The individual's anxiety deepens, and if he does not—or cannot—rouse himself, he might require medical treatment.

Here are a few simple questions that a man might want to ask himself, and answer honestly:

1. What are my interests in life?
2. Do I have any hobbies? If so, how much time, effort and thought do I devote to them?
3. How much stimulation do I derive from my inter-

PROBLEMS OF THE MAN OF FORTY TO SIXTY

ests? From my work? From my hobbies? From my family?

4. How much pleasure do I derive from my interests? From my work? From my hobbies? From my family?

5. When I want to relax, how do I go about doing it? Is it a conscious form of relaxation? Do I feel a sense of relaxation after I've done it?

6. Am I interested in other people? Do I find the company of others dull?

7. This question applies to the ground covered in all of the others: are my interests, whether relaxing or stimulating, growing greater, or are they shrinking?

The man who enjoys relatively good health may be able to determine for himself whether he is bored beyond the point of normalcy. However, failure to determine one's feelings does not necessarily indicate that a man is suffering from an emotional disturbance. Too many other factors can cloud his vision, so he should not regard his answers to these questions as a definitive indication of his emotional health. The questionnaire is presented only as a *self-guide* to those who may be able to utilize it. Under no circumstances should it be used for purposes of *self-diagnosis*.

Stress

According to a somewhat deceptively simple definition, stress might be called anything that is harmful, causes emotional upsets or inflicts pain. Physically, stress is a force exerted on one thing by another. Psychologically, it is difficult, perhaps impossible, to define stress accurately, for

what one man might find pleasant, another might loathe.

To one, skiing might be a way of relaxing. To someone else, it could be a challenge. To a third, it might be no more than spending an afternoon in the open air; he might be able to take his skiing or leave it. But a fourth man, who might fear heights, who might believe himself lacking physical grace and coordination, who might have any of a thousand reasons for disliking the sport, would undergo stress if he were compelled to go skiing.

By that same token, what is exhilarating for one family might cause stress in the family next door. The same is true of segments of society and of nations.

Of primary interest here is that stress may be different within an individual at different periods of his life. His stresses as an infant might not be those he undergoes in his teens; and when he reaches his twenties, he might be subject to other stresses.

The man of forty to sixty is particularly vulnerable to stresses.

The woman of middle years goes through the physical change of menopause, which causes stresses. The man of middle years, although he probably goes through no physical change, experiences stresses equally great, but his stresses stem from different roots than those of the woman.

Let's look at the cases of several men of middle years who occupy different stations in life, but who are all subject to stresses. The stresses that caused each of these men to become disturbed are typical examples of disorders in the forty to sixty age group, just as each is individual and unique. I must add that I appreciate the kindness of sev-

eral fellow physicians who have granted me access to their files for this purpose. Various details in these histories have been altered to ensure the privacy of their patients.

Woodrow W., at fifty, is one of the leading citizens of a medium-sized city in the Middle Atlantic States. Born of wealth, he has become far wealthier than his father. After attending an Ivy League university, he worked for a time in one of his father's companies, then founded his own manufacturing concern. A man of great drive, intelligence and foresight, he built his corporation into a large and powerful institution.

He is married and the father of two sons; although he loves his wife and children, he has little chance to spend much of his time with them. Wealth is a magnet for obligations, and Woodrow W. not only is involved in civic and philanthropic projects, but is a director of many companies other than his own. Board meetings frequently call him to New York, and the requirements of his own business take him to Washington.

Somewhat against his will, he was drawn into politics, first on a local, then a state and finally a national level. With so many personal interests to protect, he found it necessary to advise candidates for public office who feel as he does and to give them financial assistance in their campaigns. He has never enjoyed his political activities but has accepted them as a part of his way of life.

In his personal habits, Woodrow W. is a man with good intentions and insufficient time to carry them out. He tries to exercise moderately and regularly, but finds that busi-

ness appointments often cause him to cancel his dates at his athletic club. He knows he smokes more heavily than is good for him, and although he stands in little danger of becoming an alcoholic, he drinks too much, too often, usually during those late evening conferences when, the urgent business at hand completed, he and his colleagues sit down to discuss long-range plans and exchange opinions.

Twelve months prior to the preparation of this book, Woodrow W. suffered a minor heart attack. His physician warned him that he was living at too swift a pace and that it was necessary for him to slow down. Woodrow W. agreed—in principle. But since returning to full-time activity, he has resumed his usual furious schedule. If anything, his obligations continue to mount.

Here you see a man who "has everything." In fact, he has too much of everything. His responsibilities continue to build, and he continues to shoulder them.

Why?

Let's concentrate on what is pertinent. The very personality characteristics that drove Woodrow W. to become supersuccessful, to seek and gain power, to meet the challenge of multiple obligations and responsibilities, prevent him from changing now, even though he may be killing himself prematurely.

Like all men, rich or poor, he is secretly concerned about his sexual potency; and to make up for what he believes to be his increasing failure as a "man," he accepts more directorships, earns more money, becomes even more

powerful. These, he tries to convince himself, are adequate substitutes for what is actually an emotional, mental state, not a physical one.

He is subjected to stresses which he *believes* cannot be controlled.

Stewart R., fifty-three, is the publisher of a moderately successful newspaper west of the Appalachian Mountains. He had the benefits of a good education, and his father, also a moderately successful man in another field, entertained high hopes for his son. There was always a strong clash of wills between father and son, and old Mr. R. died before he and his son could reach an understanding.

When Stewart R. gained control of the newspaper he owns, he entertained soaring ideals which he hoped to put into practice. His mother had been an idealist, and he had absorbed much from her, hoping to win her complete approval. It had always been withheld, to an extent, because of his mother's greater interest in her own husband.

The girl whom Stewart R. married was attracted to him because of his flaming idealism, which she shared, and the first years of their marriage were happy, although they had to struggle to make financial ends meet. They had two children, a son and a daughter.

Gradually, inch by inch, as Stewart R. tried to make his newspaper more successful, he was forced, by the competitive society in which we live, to compromise. He wanted financial success and security, his wife wanted prestige, and he found he could achieve none of these elusive goals unless he toned down his unrealistic standards. He could

not stay in business if he antagonized various business interests; he found it expedient to steer a cautious course between both major political parties while maintaining ties to both.

Life continued to be a hard fight, although Stewart R. earned enough to place him well above the average. He took his son into the business, and the young man now displayed all of his father's onetime idealism. Mrs. R. admired her son and showed contempt for the betrayal of ideals that, in her opinion, her husband had demonstrated in his career through the years. At the same time she continued to nag and push Stewart R., urging him to try to achieve greater financial success, greater status.

At the age of forty-nine, Stewart R., beset on all sides by stresses, developed an ulcer. At fifty-two he suffered from nervous disorders that prompted his family physician to send him to a psychiatrist. Stewart R. has shown progress in his attempt to achieve a healthy balance, but—still subject to stresses—must fight hard. His ulcer has healed, and the psychiatrist treating him has every reasonable hope that Stewart R. will become an emotionally well-adjusted man.

What are the stresses that beset Stewart R.?

His driving ambition, planted in him by his parents and nourished through the years by his own desires, was one.

He felt anxieties because he believed that his son was taking his place in his wife's affections—to a degree that he himself had never been able to supplant his father in his mother's esteem.

His wife's nagging, her insistence that he push toward still higher goals than he had already achieved, was still another spur, another stress.

Simultaneously, he was afraid—as was Woodrow W.—that he was becoming impotent, that he was being drained of his manhood. And—unlike Woodrow W., who continued to accumulate power and its symbols—Stewart R. felt he was on a treadmill, that instead of advancing, he was at best holding his own. Perhaps the greatest stress of all was his fear that the hands of the clock were moving too quickly, that he was muffing his “last chance.”

His nervous disturbances were real, his ulcer was real. They were caused, at least in part, by stresses that were real to *him*.

Patrick L., fifty-two, was one of seven children. His parents had more ambition than cash, and Patrick L., unable to afford a college education, went to work after he left high school. He felt at the time, and has subsequently felt, that he was cheated out of a higher education. He found a job in the office of a large company that maintained a branch in the large midwestern city in which he was born.

He married while still very young, and within the next eight years the family expanded quickly. He and Mrs. L. had four children. Patrick L., burdened by so many mouths to feed, struggled to better himself, but his talents failed to match his ambition.

Through the years, he has held a succession of positions in the same line of work. He has never achieved success,

and he and his family have always been forced to live on a strict budget. Their desires have been greater than their income, and they have always engaged heavily in installment buying.

Patrick L.'s entire adult life has been a frustrated attempt to prove—to himself and to his wife and children—that he is a man of ability. Unable to recognize his limitations, he has struggled in vain.

Two years prior to the writing of this book, Patrick L. became involved in an affair with a woman who worked in his office. She seemed to understand his frustrations and to sympathize with them, but, in the long run, no one could save him from himself. He suffered from an emotional disorder that made it impossible for him to work. A series of physical examinations, followed by psychological tests at the clinic to which his employer sent him, led the physicians in charge of his case to place him under psychiatric care. He began treatment, and the psychiatrist treating him believes that although his response to date has been slow, his chances of recovery are fairly good.

There were many factors that contributed to Patrick L.'s nervous collapse, of course. My point here, however, is that he was subjected to a number of stresses:

His inability to recognize that his talents were limited was one obvious stress.

His failure to provide for his wife and family in a style that matched his tastes was another, and was exaggerated by his habit of buying on the installment plan. Always financially insecure and afraid of losing his job, he felt

deep anxieties. Here, perhaps, we can distinguish between anxiety and stress, to the extent that they are separate. It was Patrick L.'s anxieties and other fears, combined with various character weaknesses, that caused his breakdown. But the stresses created by the world in which he lived, his reaction to those stresses and his inability to meet their challenge contributed to his anxieties and fears.

Patrick L.'s attempt to salvage himself through an affair was disillusioning, and the affair itself created stress.

As you have seen previously, men turn to extramarital affairs for many reasons other than the failure to achieve success in the business world, as Patrick L. did. Whatever their reasons, such affairs can only add to stress during the middle years.

Another stress that frequently becomes an emotional problem in the middle years is that of being overweight. Frustrations, fears and anxieties may be the causes of overeating; then, when a man is overweight, and worries about his obesity as a symbol of advancing age, he is increasing his stress.

The very nature of our present-day society increases the stresses of the man of forty to sixty. As I am concerned with the individual rather than with the environment in which all of us live, let me emphasize that preparation for advancing age, through appropriate education of the individual, is essential to good mental health. Stresses cannot be avoided, but when a man knows himself, he is better able to bear them.

Every man of middle years should acquire this self-knowledge and, to find contentment, should gain a better

understanding of the aging process. In a later chapter I will discuss the subject of planning for retirement during the middle years. The need for education of this sort is, I believe, essential.

But education should not begin at forty. Training that begins at the earliest age enables the individual to gain a better understanding of the aging process, to achieve emotional maturity and go through life into the pleasures of old age with a relatively healthy, well-balanced attitude.

The Pills on the Bathroom Shelf

The bathroom shelves of many men of middle years are filled to overflowing with vials and bottles, pills and prescriptions. It is too often believed that these men are "hypochondriacs."

Perhaps there is no word in general use that is more abused and less understood. Many people, today, think it means an "imaginary illness."

In the most strict sense of the word, it refers to a portion of the human abdomen. In the seventeenth century, when people thought that the gall bladder, the liver and spleen were the seats of human emotions, a hypochondriac was considered to be a person who was frequently depressed or moody "for no good reason." By the time of the Restoration in England, in the 1600's, the word was in general use.

A version of that erroneous idea is part of our present-day heritage. A man of middle years "just doesn't feel right" or "lacks pep" or "can't seem to concentrate," so

he takes various modern elixirs, which abound on the shelves of pharmacies, hoping that he will be cured of his indefinable fatigue, his persisting aches and pains, his sudden heart palpitations. Sometimes he feels weary for reasons he can't explain to himself. Sometimes he feels annoyed and irritated and doesn't know why he is upset, or else he allows trifling matters to outrage him.

In his anxiety, he takes more pills, buys more tonics, but they do him no good. He is, in the opinion of some, a "hypochondriac." There is "nothing the matter" with him, but he takes medicines, he follows various diets, he takes up "health-restoring" fads. Perhaps he himself believes he is a hypochondriac.

In the fullest sense, there is no such thing as hypochondria. The weariness felt by the man of middle years is real, his headaches are real, his fatigue or his insomnia is real. Although neither the man himself nor those near him know the causes, his aches and pains may well be caused by many of the emotional disorders, major and minor, which have been discussed in this and previous chapters.

There is a proper place for many patent medicines, for vitamin pills and scores of other products that can be obtained without a physician's prescription. Many of them serve useful, necessary functions in our high-speed era.

However, the man who habitually prescribes for himself because he habitually lacks energy, finds that the pills or elixir he is taking are doing him no good, and then switches to another brand, then still another, may be causing himself great harm.

I recommend that he seek the assistance of a qualified

physician. His persisting aches and pains are not imaginary; his inability to shake off his fatigue or irritation is not imaginary. Don't keep filling the bathroom shelf with pills and more pills while being vaguely worried because you can find nothing "really" wrong with your health. There may be a real disorder, and instead of buying another elixir or trying still another health-restoring diet, make an appointment with a doctor.

Let a trained observer decide whether that ache in the back that won't go away is caused by physical or emotional disorders. If he decides that you are run down, let him tell you what elixirs will help to cure you. But don't keep stocking that shelf in the bathroom.

8

The Physical Aging Process

AT ONE TIME OR ANOTHER DURING THE MIDDLE YEARS, EVERY man worries because he is growing older. And, as you've seen, many suffer from various emotional disorders as a result of that concern.

Just what does happen to a man's body as he grows older?

Changes take place within the physical systems of human beings as they grow older—just as they do in all living things, animal and vegetable—that make them more susceptible to death. In other words, the older a person grows, the closer he moves toward death. This, in a nutshell, is the biological meaning of physical aging. But, like so many seemingly simple statements, it is deceptive; physical aging is complex and often unpredictable.

A Definition of Physical Aging

According to one definition, physical aging is a process of unfavorable and progressive change. This change usually grows more severe with the passage of time, beginning in the very young, becoming more apparent after maturity and terminating, as it must, in death.

However, aging may be defined in another way. It is a process that begins when a baby is conceived and ends when an old man dies. As the man grows old, his body degenerates and deteriorates; when it is no longer able to function, he dies.

But, during the years of his life, he continues to grow and develop as he matures. Growth and development need not halt when a man reaches his fortieth or his fiftieth birthday.

The chief physical characteristic of aging is the wasting away of tissue. This process, however, begins at different times for different organs of the body and progresses at different rates. These rates differ in every individual.

The Characteristics of Aging

There are some biological processes, recognized by everyone, which are probably biochemical and biophysical. Science has learned very little about them, and experts are still uncertain whether they stem from one general cause or from a variety of causes. They include the graying of hair, actually an inaccurate description, as hair does not turn "gray": hair, regardless of whether it has been black, blond or red, becomes white; first a sprinkling appears,

as a rule, creating a graying effect, and eventually all of the individual's hair becomes white. The skin loses its elasticity and becomes wrinkled. The same thing happens to blood vessels and lungs, which cannot be seen. Various organs begin to deteriorate. Others fail to function as well as they did; it is common, in the forties and fifties, for one's eyesight to begin to weaken and for one's hearing to become less acute.

In old age, there is a decline in both the functions and the structure of the reproductive system. In his middle years a man may become impotent because of various psychological causes, but there is no noticeable glandular decline during this period. His gonads, or testes, and his prostate, a gland that surrounds his urethra, remain sound in both function and structure.

As a man ages, there is an increased intensity and frequency of the so-called diseases of old age, among them diseases of the central nervous system, heart diseases and diabetes. Whether these diseases strike during the latter part of middle life or during old age depends on the individual's general health, resistance and, once again, his mental attitude. Tensions and anxieties are the allies of heart and nervous diseases.

There are diseases caused by one's abuse of his body. Excessive consumption of intoxicating liquor, smoking, eating too little, eating the wrong foods and eating too much are among the most common. Their effect is cumulative, and usually the physical impairment does not manifest itself until a man reaches an advanced age. The time at which these diseases make their appearance, however,

depends upon the intensity and frequency of the abuse. Obviously, a man who drinks up to a quart of whiskey every day is doing far more harm to his liver and kidneys than the man who takes an occasional drink.

There is, as a man grows older, a decreasing ability to adapt to changes, particularly to unpleasant and uncomfortable changes in his environment. He shows less capacity to resist strains and crises, and he cannot adapt as quickly to meet new challenges and situations. In the man of forty to sixty, this loss of emotional bounce is present only if he succumbs to his inner pressures. His attitude toward life during his boyhood, his attitude as a man, his emotional maturity, are all factors that influence his aging. His physical health depends, to a great extent, on his mental health.

The Rate of Aging

In humans, as in animals, individuals differ in their signs of aging. And as every individual is extraordinarily complex, aging is distributed unequally throughout the body; one organ may remain strong and elastic at the same time that another is weakening and performing its functions less efficiently. Only under the most extraordinary circumstances, if ever, does a man die because all of his organs collapse simultaneously. It has been found that even at the time of death of very old people, there are cells, organs and organ systems in the body that could have continued to perform capably for a long time.

The aging process occurs earliest and develops the most

rapidly in the cells and tissues of the body that multiply and replace themselves the most slowly. Among them are the lenses of the eyes, the cartilage (a tough, firm and elastic substance sometimes more popularly known as gristle), the walls of the heart and the central nervous system. Aging takes place later and at a slower rate in tissues which are constantly being replaced by new cells, as in the liver and the epithelium, a thin tissue that lines hollow organs and covers their surfaces.

Nutrition and the Life Span

The aging individual displays less interest in food than do healthy, younger people, and the old man who eats too little or eats the wrong things is digging his grave that much more rapidly. It has been demonstrated, conclusively, that senility is caused, at least in part, by under-nutrition.

But the man who is a glutton is killing himself, too. Other tests have shown that cells fail to multiply at the rate necessary for health when they become too large. Over-feeding of the cell shortens the life span, but a well-balanced, low-calorie diet prolongs it.

Most men who reach very old age—that is, eighty or more—have a lower than average body weight. Rarely does someone whose weight is more than average live into very old age. The statistics of life insurance companies show almost identical results: the lean live longer than the overweight.

However, let the man who prescribes his own diet be-

ware. He needs expert advice, and must achieve a proper balance of foods if he hopes to preserve his health and vigor. The nutritional needs of no two people are identical, for there are subtle differences in internal chemical composition, in the relationship between emotion and food requirements, and in the intensity and rate of use of food as fuel by an individual. People burn up the food they consume at different speeds. One man's diet could make another fat, or quite literally, one man's meat could be another's poison. To illustrate with the most obvious type of example, someone suffering from even a mild case of diabetes, a disease which makes one's digestive system unable to utilize normal amounts of sugar, would require a far different diet from someone whose system reacts unfavorably to large quantities of salt.

Heredity and the Aging Process

What is influence of heredity on aging?

Medical research work is being carried forward in many great universities and laboratories, in the United States and abroad; and although relatively little is as yet known definitively, some specific facts have been determined. The confusion that exists is caused, in part, by the inability of science to measure the physiological and psychological age of mankind, and statistics can provide only some of the clues to a reliable yardstick for testing the life span.

Studies, labeled as preliminary, were issued some years ago by a major life insurance company. They indicated

that the children of young mothers tend to live longer than the children of older mothers. But it must be remembered that these findings are only tentative. Experiments carried out in the department of anatomy of a major university increased the life span of a small aquatic animal called the rotifer by breeding new generations from young mothers.

We must not forget that people are people, not rotifers who can be watched under a microscope. If it should prove to be true that, in humans, the children of young mothers live longer than the children of older mothers, is this greater life span necessarily due to physical causes? Is it possible, perhaps, that the younger mothers themselves feel less strain, are subject to fewer stresses, and that their children are therefore raised in a relatively healthy environment? Might it be possible that the children of these younger mothers are, consequently, better-adjusted emotionally to face the world and its problems?

Neither the psychologist nor the physiologist can as yet answer these questions authoritatively.

Similarly, statistics indicate that there is a remarkably low proportion of deaths at the age of sixty in the Scandinavian countries compared with the death rate in other lands. Does this mean that Scandinavians inherit characteristics that enable them to live longer than other people? Or does their way of life produce fewer stresses and strains than are to be found in other nations of the Western world?

Again, no yardstick has yet been found to determine ultimate answers. The question is enlarged when we dis-

cover that the death rate among thirty-year-olds is lower in the Scandinavian countries than it is in other nations.

How much of Scandinavia's health and longevity is due to heredity? There is no exact measure of evaluation. At present, all that any man can do is to maintain the best balance he can achieve, emotionally and physically. Psychologists and physiologists will continue to explore, and that is their job. It is possible that the answers to their searching questions will not be found within the lifetime of anyone now alive, so it is useless to speculate.

The Effect of Exercise on Physical Aging

Until recent years, insufficient data had been gathered to draw any conclusions about the relationship between physical fitness and the process of biological aging. No absolute answers to the question can be given to this day, although there are some beacon lights that point the way in the dark.

Even when generalizing, however, it is wise to keep individual strengths and differences in mind. There is a story attributed to the late Justice Oliver Wendell Holmes of the United States Supreme Court that bears retelling in connection with the subject of physical fitness. According to one version, the old gentleman was asked the secret of his longevity on an occasion late in his life (he lived into his nineties). His reply, since repeated with infinite variations, was emphatic: "I've kept myself healthy attending the funerals of my athletic friends."

A distinguished scholar has long enjoyed quipping,

“Whenever I feel the desire to engage in violent physical exercise, I lie down until the urge passes away.”

Humorous badinage notwithstanding, men in the United States and Europe have become conscious of the fact that keeping physically fit preserves youth. A study made in Holland and Belgium reveals that a group of men examined in the year 1826 showed a decline of only 10 per cent from their peak of muscular strength by the time they reached the age of thirty-seven. A similar test made nearly one hundred years later, in 1921, indicated that men of fifty still maintained 90 per cent of their peak physical strength. And tests made in Germany have shown that, in 1952, athletes of forty-nine equaled the feats of strength performed by athletes of forty in 1928.

Such tests can be misleading, of course, and it might be argued that improvements in technique rather than actual physical fitness were responsible for the improved results. It cannot be denied that physical fitness does decline with age. But that decline can be retarded by sensible programs of keeping fit, prescribed for an individual by a physician.

The man of middle years who wants to become a Tarzan would be wise to conquer the desire before it conquers him. Anyone of forty to sixty who is not a trained athlete in good physical condition is courting trouble if he indulges in sudden, violent exercise. His hopes that he will be rejuvenated are absurd, and he is actively flirting with potential heart disease and other grave disorders. The mature man should realize that just as he didn't acquire overnight whatever wisdom or professional or technical skills he may possess, he can't turn into a physical super-

man by engaging in trials of strength and endurance with youths who are half his age.

After following a sensible, medically prescribed program that is moderate and gradual, however, he will not only surprise himself but amaze his juniors. Common sense must be combined with regular exercise to produce physical stamina and bulging muscles. Most men are happy to settle for the stamina and fitness; never having been professional wrestlers and lacking the desire to go into that line of business, they are willing to let others flex their overdeveloped muscles.

The Male Climacteric

Is there a male climacteric? Does the man go through "change of life" similar to menopause?

Viewing the matter from a strictly physical point of view, there is no such thing as a male climacteric. The basic test is a simple one: Does the man of middle years remain sexually fertile? Is he capable, physically, of siring children? Does he ejaculate living spermatozoa? He does. A casual examination of the birth records in any city or town, village or county seat, will reveal to anyone who takes the trouble to look that there are countless fathers who have sired children in their sixties, many in their seventies and, in less usual but not extraordinary cases, some in their eighties. A study made in Sweden several years ago made it plain that many men in their nineties were secreting living sperm.

Part of the misunderstanding of the subject is due to the

THE PHYSICAL AGING PROCESS

attempt of many people to compare the intangibles of what happens to a man of middle years with the tangible changes that take place in a woman during the same period of life.

The woman's sexual desire does not diminish. She can enjoy satisfactory sex relations, partly because she no longer is haunted by the fear that she may become pregnant.

The average, healthy man may show a slight, gradual decrease in his production of spermatozoa in his fifties, but in very few cases has there been solid evidence that he is suffering from a physical deterioration or withering away of his sexual functions. Most of his problems, as you have seen, are mental rather than physical.

However, there are men who display symptoms similar to those of women going through the menopause. These men feel insecure, are inclined to become hysterical and find it difficult to concentrate. They suffer from sudden perspiration; they are subject to hot flashes and feel sapped of energy. Basically, in the majority of instances, the cause is psychological rather than physiological.

Is it "the male climacteric"? It is not. But, in a very few cases, there are men suffering from what is called testicular insufficiency.

It is an uncommon ailment, and rarely manifests itself during the period of the middle years. A man who suffers from testicular insufficiency has been suffering since puberty, according to many noted urologists. This insufficiency *may* become more pronounced during the middle

years, due to a withering away of the feeble potency he has possessed since he first entered man's estate.

A man who is suffering from this ailment may be helped by injections of hormones. However, the man who is worried about his potency and wants hormone injections, but is not suffering from real insufficiency, may cause himself permanent damage if he accepts such treatment.

The imagination of the human being knows no bounds, and many men, fearful that they are going through "male change of life" want the supposedly magic cure-all of hormone shots. They are actually victims of their own fears, which are producing the very symptoms they dread.

The man who complains that he is no longer capable of achieving an erection in his relations with his wife, but who encounters no difficulties in his sex life with another woman, is not suffering from testicular insufficiency.

If the man has headaches, if he often suffers from indigestion, if he is constipated or has loose bowel movements, and attributes these unpleasant physical reactions to male change of life, he is completely mistaken.

If his symptoms are mild, a frank discussion with his wife may clear the air. If the symptoms persist, he should seek the aid of a reliable physician. Often the general practitioner of medicine can be of assistance. Should his case be more complicated, the physician will send him to a psychiatrist.

Thousands of men torture themselves with totally unnecessary fears. They look over their shoulders and see ghosts, they believe in the ghosts, and they even hear chains rattle. But ghosts exist only in the imagination.

So does the myth that there is a *physical* male climacteric.

Life Expectancy

As every woman knows, and as every physician and life insurance company will verify, the male is weaker than the female.

In the years immediately after World War II, women began to outnumber men in the United States for the first time in the country's history. Why? Women live longer than men. According to one major insurance company, the "excess" of women will become staggering by 1975 to 1980, unless the trend is reversed. If it continues, there will be 40 per cent more women in the United States than there are men by the year 2000!

Why are men more "frail" or "fragile" or "weak"? Why do women live longer? A study of death registration data provides some of the answers.

Of a total of 200,000 deaths studied in 1955, coronary artery disease caused more than 93,000. Other heart ailments caused an additional 10,000. Therefore heart diseases of one kind or another were responsible for more than half of the total. This survey, together with others, reveals that the over-all death rate due to heart disease is one and one half times higher in men than it is in women.

The second highest cause of death was accidents. The male rate of death due to accidents was twice that of the female. To be even more specific, until the age of forty-five, accidents are the single highest cause of male mor-

tality. Between forty-five and sixty-five, heart disease is man's worst enemy. Accidents, suicide and tuberculosis rate next, in that order. After sixty-five, cancer causes the highest male mortality rates.

Now, to return to the basic problem. Why are men more likely than women to be stricken by heart disease or cut down by accidents? There seem to be many reasons, one of them obvious. In spite of the inroads women have made in business and the arts, science and politics, men are still the principal breadwinners of the United States.

Therefore they are more active. The woman raises children, cooks and cleans the house, does the laundry and raises a garden. She is also the family chauffeur and performs countless other tasks; I am not decrying the role of woman in modern society. At the same time, it must be recognized that a man leads a more frenzied existence. If he is a salesman, he is driving an automobile long distances or taking planes or trains to various places. If he is an electrician, he is handling high voltage wires. If he is a construction worker, he is using power tools and perhaps perching high on the skeletal framework of an incompleting building. So he becomes involved in more accidents than the woman because he has more opportunities to be hurt.

The forties and fifties are a key period in a man's vocational life. This is usually the time in which he succeeds in making his mark or, having tried, fails. The tensions and stresses of complex modern living in an advanced, industrial society are great, and the man is subjected to constant pressures. In the past quarter of a century, the rate

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of heart disease in men has risen more than 30 per cent. The rate for women has declined almost 30 per cent during this same period. The rate of increase in stomach ulcers, which are open, internal sores caused by nervous tensions, has been almost identical in men with that of the rise in heart disease, and the rate of decrease in women has been approximately the same, too. Probably these parallels are not freaks of chance.

Another reason for the sharp difference in the mortality rates of men and women may be the basic difference in the personality characteristics of the two sexes. A man in Western society has been taught, since the time of the ancient Greeks, to "grin and bear" pain, disappointment and tragedy. It is no disgrace for a woman to weep, to create an emotional scene or, under certain circumstances, to become hysterical, either in the privacy of her home or before outsiders. But a man is considered to be less than a man if he shows his feelings. He must, literally, hide his emotions and display what the British call a "stiff upper lip" or risk being judged as less than a true man. What he does in the process is to choke his emotions into his coronary arteries and his digestive system. This act, performed repeatedly, can contribute appreciably to coronary diseases, to hypertension, or abnormally high blood pressure, or to ulcers, the so-called tension diseases.

Women possess another quality lacking in men, a character trait that has been recognized for thousands of years by poets and philosophers and that helps them appreciably in today's complex, industrial society. They are chameleons. They can adapt to new circumstances, new condi-

tions, new environments, with greater inner ease than men. The reason, perhaps, is that the little girl grows up knowing that, in all probability, the day will come when she marries.

At that time her life will change drastically. She will move to a new home, perhaps to another city or town, and will even adopt a new name. So she is conditioned from her earliest existence to the idea of change. She learns, as an adolescent, to flatter a boy by encouraging him to talk about his interests. When, as a young woman, she falls in love and marries, she follows the same pattern, but on a deeper level; she adopts many of her husband's interests, she learns to become friendly with his business associates, and if she is wise, she becomes familiar, at least to some degree, with the details of his vocational life, which may be a field of endeavor that has been alien to her in the past.

The problems the man faces in a comparable sphere are relatively few. Granted that adjustment to marriage will require changes, compromises, give-and-take and the development of new interests, society does not force the man to become a chameleon. Some boys choose their careers before they reach the age of puberty, and their goals never change. Increased specialization in education forces most youths to decide relatively early how they intend to earn their living; and although it certainly is not uncommon for a man to change his type of work, far more frequently than not a male remains in the type of niche he has chosen or into which circumstances push him.

His name is important to him, and not only does he

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want to obtain direct recognition for his achievements, but he tries to perpetuate his name through his sons. The vocational and social demands of society place burdens on him, and if he hopes to succeed in his business, social and avocational life, he is compelled to be a conformist. He learns early in life that the rebel, the oddball, the man who thumbs his nose at tradition, is going to be regarded with suspicion by his elders and avoided by colleagues who want to get ahead. So the mold into which the boy is placed makes the man rigid.

Still another reason that the male mortality rate is higher than the female may be that the woman pays more attention to illness and takes better care of herself when ill. Studies made at numerous hospitals and clinics bear out the observation of the private medical practitioner that women report ailments far more frequently and readily than men. Again, the desire of the man to prove his masculinity comes into play here; he wants to prove to himself and to others that he can tolerate discomfort and pain without complaint. He may even show contempt for those who visit a physician when ailing.

There may be a practical reason for his seemingly casual disregard for his health, too. He is busy earning a living for his family and himself, and therefore feels he can't take the time to visit a physician. His argument within himself frequently follows this pattern: "If the doctor says I'm sick and puts me to bed for a couple of weeks, I'll lose two weeks' worth of income. I can't afford to do without that money, so I'll pay no attention to this nagging physical

complaint that's been bothering me, and with any luck it will disappear by itself."

According to one survey made a few years ago, it is at least possible that the lower mortality rate in women stems from the sort of treatment people receive when they are ill. This survey indicates that women may receive better treatment than men. If this is true, it is not because the medical profession is discriminating against men. It is because many of the serious diseases of women, such as diabetes and cancer of the breast, cervix and uterus can be diagnosed more easily by a physician and treated accordingly than can many typical serious male diseases like cancer of the lungs, stomach or intestines.

It has been suggested that men might increase their longevity by deliberately "starting a new tradition." It would be sane, far-seeing and eminently sensible for the man of middle years to visit a physician regularly for routine examinations. Perhaps, if this were considered particularly "manly," lines would form promptly outside the offices of every medical practitioner and in front of the doors of every clinic.

Health Habits

In one's older life, the principal causes of poor health are nervous and mental disorders, cancer, blood-vessel breakdowns and what are known in medicine as the "collagen disorders," such as arthritis and rheumatism.

Some of these disorders, which may strike after the age of sixty-five, if not sooner, can be avoided by developing

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sound health habits earlier in life. It is wiser to begin when young; it is never too late to begin. A man in the forty to sixty age group may avoid later trouble if he takes good care of himself. If he continues to neglect his body, it may retaliate. Here, then, are a few suggestions:

1. Eat enough food, and make certain your diet is well-balanced. Malnutrition contributes to arteriosclerosis in later life.

2. Don't overeat. Your knife and fork can dig your grave. Obesity shortens life.

3. Your health would improve if you gave up smoking. But if you can't or won't stop, smoke in moderation. Tobacco irritates the blood vessels, strains the heart and, in all probability, can cause cancer of the lungs or throat.

4. Don't drink intoxicating beverages to excess. Liquor, as you have seen, is a dangerous drug when used carelessly.

5. Exercise regularly, moderately and under medical supervision. Exercise prevents the deterioration and wasting away of some bodily cells and tissues.

6. Don't be afraid to rest. Even though the man of middle years feels compelled to drive himself, to prove himself because he feels that this is his last chance, prolonged physical exhaustion invites grave disorders of the arteries and veins.

7. Visit a physician regularly for a routine checkup. A minimum of one visit per year is suggested; a visit every six months is wiser.

8. Don't ignore persisting aches and pains. By pretend-

ing they don't exist you're behaving irrationally, not proving that you're "a real man."

9. Recognize the fact that you aren't sixteen or twenty-six or thirty-six. The following chapter will be devoted to the problems of mental adjustment to the aging process.

10 Don't be frightened by the normal aging processes of the middle years, and don't think they'll vanish if you pretend they aren't there. It is normal for your eyesight to become less sharp during the forty to sixty period. It is also normal for your hearing to become less acute and for you to begin to lose teeth. No one will laugh at you because you wear glasses; if you are particularly sensitive, however, try contact lenses, and only you will know you wear them. Modern hearing aids are small, discreetly inconspicuous and efficient. And modern dentistry is one of the most skilled of professions, so you can be fitted for false teeth that will cause you no discomfort, will look like your own and will "feel" real to you. It might also be well to remember that your skin isn't as soft and unwrinkled as a baby's.

9

Mental Adjustment to Aging

THE AVERAGE MAN OF MIDDLE YEARS IS A HARDY SPECIMEN, if he avoids the traps that society and his own nature set for him. His health is robust, he has reached the peak of his intellectual and vocational powers, and if he fulfills his potentials, his life can be meaningful and satisfying. The reason that so many stumble, if only temporarily, is that the age of the male crisis is the age of the greatest anxiety. What they are inclined to forget is that people of virtually every age feel tense or inadequate, depressed or anxious or disturbed in some way, because they believe themselves to be either too old or too young to engage in one or another phase of life's activities.

A thirteen-year-old boy who refuses to attend a dancing

class and social hour at his school and who loudly mocks his classmates for their interest in girls actually wants to participate in the event as much as the other boys. But he feels unable to cope with girls as yet, and so he says that he doesn't like them, that they're stupid, that they bore him. He believes himself to be too young to cope with girls and therefore takes refuge in belligerent expressions of disinterest.

A man of sixty attending a company picnic might enjoy playing a game of softball with others of his own age group, but if some of the company's employees in their twenties join the game, he might find an excuse to retire—that is, unless he is a skilled player. The average man, aware that the youths in their twenties are probably more limber and quicker on their feet than he, doesn't want to be shown off to what he thinks might be his disadvantage. Therefore he withdraws and finds something else to occupy his time at the picnic. Yet he doesn't want to admit, even to himself, that his reason for pulling back is that he feels too old.

How Young Is Young?

Various studies conducted by psychiatrists, social scientists and clinical psychologists reveal an almost identical over-all picture of how most healthy, well-adjusted people think. In general, anyone under thirty considers himself young. I must add, in almost the same breath, however, that it is common for a neurotically ill man in his mid-twenties to believe he is old. Similarly, few well-adjusted men under sixty-five think of themselves as old. The

dilemma of the male crisis is that a man believes he is *growing old rapidly*.

It has been found that most healthy men actually lose some ability to change, to adapt to new circumstances and to meet new conditions, when they are between the ages of sixty-five and seventy. But there are many in their forties and fifties who are alarmed if their patterns are disrupted. The prospect of changing jobs or moving to a new town terrifies them. When circumstances force a change, they become depressed or show some other sign of disturbance, even though they are equipped, physically and mentally, to meet the new challenge. The well-adjusted will overcome their disturbances and, displaying resilience, initiative and resourcefulness, establish new patterns. Those who have aged prematurely will be defeated before they begin the struggle.

The case of Walter V., which is taken from the files of a colleague, is significant:

The proprietor of an established and prosperous art and antique shop in a midwestern city, Walter V., forty-nine years old, sought psychiatric help because his wife, who had founded the business with him twenty-four years earlier, had divorced him in order to marry another man. Walter V. felt unable to continue alone in his work. His wife had been his partner, he said, and he was certain that without her active participation, his business would fail.

During therapy over a period of several months, Walter V. was reluctant to discuss his relationship with the woman who had been his wife. However, it was clear that

the marriage had never been completely successful, that the partners had been sexually incompatible and that a fundamental conflict had never been resolved. Mrs. V. had wanted children, her husband had refused and she had joined him in his business as a compensation. However, her contribution to the success of the shop had been minor, and in some respects her presence had been a hindrance, as she and Walter V. had bickered constantly.

Walter V. could not see that, at least in his business, he had been relieved of a burden. He refused to study his own personality in depth, flatly refused to discuss the reasons he had not wanted children, and angrily insisted that he had come to the physician for help but that a man of his age could not and would not change his ways.

He left the psychiatrist and went to a second, then a third, remaining in therapy with each for only relatively brief periods. He continued to operate his shop alone, living unhappily but stubbornly refusing to alter his thinking or habits.

For purposes of illustration of my point, it is unnecessary to examine Walter V.'s neurotic tendencies and weaknesses. It is enough to emphasize that his behavior was typical of that demonstrated by people whose personalities are rigid. He had hoped to obtain some magical formula from psychotherapy, an obvious impossibility, and he resisted psychotherapy because he was reluctant to change. Rather than learn the truth about his nature, which might have been painful, but might have enabled him to adjust to his situation, he preferred to cling to a way of life that

had long been unsatisfactory. Walter V. was a man who became old before his time.

Those who age prematurely stand at one pole; at the other are the men who refuse to "act their age." They insist on living and working at a furious pace, associating socially with people far younger than themselves and behaving like youths rather than mature men in their business activities. Eventually they make themselves conspicuous, cause themselves harm and develop serious problems.

Everyone has known women of mature years who try to dress and act like girls of eighteen, and everyone knows how pathetically absurd these women appear. Men make the same errors, but as the differences in male clothing are less extreme, it sometimes takes a little longer to recognize the strivings of a man who wants to remain a boy and whose efforts, obviously, are doomed.

A Guide to Acting Your Age

No single set of rules can apply to all men, as no two men are alike physically or mentally. But it is possible for a man to judge himself to some extent, in order to determine whether he is adjusting to the fact that he is growing older. Anyone interested in making such a test might ask himself these questions:

1. Do I think in terms of birthdays as "milestones"? Some men set goals which they feel compelled to accomplish. One might insist that his income reach a certain level by his fiftieth birthday. Another might feel he was

"slipping" if he failed to perform certain athletic feats, like chinning himself ten times. It should be kept in mind that these milestones are self-imposed and that they don't really indicate that a man is aging too rapidly or too slowly.

2. Do you feel "too old" or "too young"? One of the easiest ways of finding out is to determine whether you feel out of place with a group of others who are roughly your own age.

3. Do you think you are too old to make any fundamental changes in your way of life? Would you be distressed at the prospect of starting a new job or moving to a new city where you are unknown and would have to start life again? The well-adjusted man of middle years usually prefers to make no more changes than are necessary, but believes himself competent to make any changes that are essential. He is not afraid of challenges, but has also learned to set his sights realistically.

4. Do you feel, or have you ever felt, that you are aging suddenly? Even the well-adjusted are sometimes surprised to discover that they no longer look like youngsters, to use the most obvious example. But, after a fleeting moment of regret, they realize they don't want to look like boys any more, that they find it far more satisfying to look like men.

5. Do you have any ambitions that you believe you will never be able to fulfill? The well-adjusted man recognizes his limitations and, in the light of accumulated experience and wisdom, abandons hopeless dreams.

6. Have you given up all of your ambitions? The man who has stopped striving has said in effect, "I'm old." There is a place in the life of every man for genuine am-

bition, and he who loses interest in his wife, his work, his hobbies, is becoming prematurely senile.

7. Do you feel you are too old to learn anything new? The man who answers Yes to that question not only is failing to adjust to the normal aging process, but is unaware of the truth about himself. A man of forty to sixty is capable of learning. He can acquire new talents, develop new interests, cultivate new skills. But he must recognize that the mature learn less quickly than the young. A child can sometimes pick up the rudiments of a foreign language in a remarkably short period of time, for example, but an adult might need a longer period to learn the same things.

8. Have you passed the climax of your life? There is no simple answer to this question. Different individuals regard different steppingstones, incidents and events as climaxes. A man's first major salary increase can be a climax; the day a man first becomes a father can be a climax. The list is endless. But, in general, the well-adjusted man realizes that there are both good and bad still in store for him, and he is ready to meet any new climax, responding happily or showing courage, depending on what may be required of him. The man who feels that his climaxes are behind him, that he has known the best and is now on the decline, is indeed going down the hill.

9. Will you be able to do everything you want to do in the years you have left? It is obvious that there is so much in life that is—potentially—interesting, pleasant and stimulating that any man who is content to bury his head is burying himself.

10. What is your attitude toward old age? No one looks

forward to old age with relish, but the well-adjusted man resigns himself to the inevitability of growing old. No one who loves life welcomes the prospect of death, but the well-adjusted can look forward to a period of serenity and peace without fear.

11. Do you think most about the past, the present or the future? Again, as with some previous questions, no single reply is the right answer. However, the man who thinks only about the past is allowing himself to become old prematurely; the man who refuses to learn from his past is emotionally immature. The present can be absorbing, but he who refuses to look beyond it into the future is afraid, and his fearful attitude speeds the aging process.

The Influence of Personality in Adjustment to Aging

The ability to adjust to the aging process depends in part on our health, in part on our outlook. Mental adjustment can be defined as our emotional and intellectual response to the middle years—and to the years that lie beyond them.

The man who clings to yesterday, who insists that his only good friends were the friends of his boyhood, is less able to adjust to his present and future than the man who is able to establish strong, healthy ties with a new friend whose company he enjoys. A man is tested when his parents die, when his children leave his roof and move into the world on their own, when friends die. The well adjusted recover from a loss; the poorly adjusted waste

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their own lives mourning a loss. Thus, emotional flexibility is an essential asset.

So is mental or intellectual flexibility. You have already seen that many men, as they become older, grow more narrow-minded and dogmatic. The well-adjusted use what they have learned as guides to present and future conduct and know that no rigid set of past rules can solve a current or future problem. They have weighed the consequences of their successes and mistakes, and they act accordingly.

The well-adjusted man deliberately cultivates a variety of interests. In fact, he finds so much fascination in so many phases of living that he must become selective and concentrate on the things that mean the most to him, that give him the greatest satisfaction.

However, the man who narrows his interests is courting catastrophe. Look, for example, at what happens to the man who cares about nothing except his work. When he is forced to retire, he is an emotional bankrupt. It is not unusual for someone whose job has been all-absorbing to become senile or die when retirement robs him of his one reason for living. The prudent man makes certain that he doesn't put all of his eggs into one basket.

The ability to look beyond himself is necessary if a man is to adjust mentally to aging. The man who is active and emotionally interested in others is too busy to watch his own wrinkles developing.

Similarly, what a man does rather than the state of his physical health is important for good mental adjustment to aging. Because as a young man he took good health for granted, the man of middle years is sometimes shocked

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when he discovers he is made of flesh and blood. If he broods about his health, if he worries about aches and pains, he is speeding the aging process. If he recognizes the inevitability of physical decline as he grows older and concentrates on meaningful, satisfying activities, he will be better able to cope with his problems and will live a happier life.

There are many men who enjoy life in spite of physical disabilities and impairments, who are able to relegate their handicaps, discomfort or pain to a secondary place. And there are those who magnify every twinge, worry about it and cause themselves needless sorrow. The hypochondriac who lives in constant misery until the age of ninety gets far less out of life than the man who has the ability to minimize his physical problems but whose life span is shorter.

An intelligent approach to one's sex life is a vital factor in mental adjustment to aging. The wise man has learned that there is far more to sex than the sex act, as such. The skirt chaser, who is running after the illusion of youth, succeeds only in creating a caricature. He is as frustrated as the man who represses his sexual impulses. The man who realizes that sex, in its fullest sense, means the achievement of a compatible understanding with his wife and a mutual sense of pleasure in each other and in their children is the man who stops worrying because he is now forty or forty-five, fifty or fifty-five.

To recapitulate, a man must develop various personality traits, if he does not already possess them, in order to adjust to the aging process in an adult way. His interest in

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other people, for example, must give him real inner satisfaction. But, if like the tortured Willy Loman of Arthur Miller's *Death of a Salesman*, he cultivates others only because he wants to be "well liked," he is creating a hollow façade that will leave him bereft when it is pierced. Physical condition is important, but of far greater significance is the mental attitude a man takes toward his degree of fitness.

Middle age does not greatly influence a man's ability to do his work successfully, to give and take pleasure in sex, to enjoy the countless outlets that life affords for self-expression and contentment. A man's attitudes toward the problems and joys of daily living are vital; the number of candles on his birthday cake in his middle years are relatively minor influences that become major only if he increases their weight and importance.

Many men are open-minded, flexible and able to adapt readily at sixty, while others cling grimly to rigid patterns at forty. Some men become increasingly flexible and supple in their attitudes as they grow older, others show no change, and some become more rigid.

Let us, in the light of what we have seen, explode one of the most common myths about the aging process. There are many who believe that every man becomes more rigid as he grows older, that his attitudes harden, that he looks back to golden yesterdays and dreads the gray tomorrows. The facts indicate that there are just as many men who adapt during the middle years as there are those who withdraw, like turtles, into protective shells of habit and opinion.

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Some men fail to realize that they hold an advantage over their juniors. In the twenties and thirties it is often necessary to conform, to guard your real views and defer to older men who hold the reins of power. By the time you reach your fifties, you are, in many cases, able to express yourself more freely, to indulge in behavior that might once have labeled you as an eccentric. Age, like military rank, has its privileges.

In most instances, of course, a man's personality pattern is set before he reaches his middle years. The man who is adaptable has long shown such traits, and it is safe to predict that he will continue to display them. But the man who is rigid cannot merely hope he will change. Perhaps he fails to recognize his rigidity. His first task is to realize he has shortcomings; then he must take active steps to overcome them.

Self-correction is all that is necessary, far more often than not. Everyone suffers from doubts and deficiencies of one sort or another, but it is possible for the vast majority to find their own levels of adjustment without outside help.

It becomes easier for the man of forty to sixty to relax, to rise out of depression, to accept the aging process when he realizes that his situation is not unique. Virtually every man of middle years feels troubled by his age at one time or another, and the knowledge that his problem is universal should comfort him. Rather than try to repress his feelings or struggle against them because he thinks of himself as weak or confused, he can gain a better insight

into his nature and cope with his problems when it finally dawns on him that his worries are universal.

Reactions to the Aging Process

The period referred to in this book as the middle years has been set as that of forty to sixty because that is the time of life when most men do begin to show signs of aging. But it must be kept in mind that these figures are not rigid; many men of sixty-five are younger, both mentally and physically, than others of thirty-five.

Most changes are slow, so slow they are barely perceptible, which is both an advantage and a disadvantage. Nature gives a man time to adjust, but he must utilize his opportunity or risk encountering mental and physical difficulties. There are two common reactions that are harmful:

1. The mature men who refuse to recognize the danger signals and rely on vitamin pills, fewer desserts, but continue to live at a killing pace.
2. The mature men who retreat in alarm when they discover they are growing older. There are some, for example, who prefer to give up a favorite sport completely rather than let others see they have become less proficient.

Fortunately, there are well-adjusted men who have the sense to act their age. When they play baseball, they jog around the bases, they don't risk making a daring slide into

home plate, knowing that a broken bone won't mend as quickly as it did when they were sixteen.

The Escape from Aging

Society has established customs that make it easy for a woman to escape, for a time, from the aging process. She remains slim, and when she bulges, she uses girdles to give her figure the illusion of youth. Similarly, she dyes her hair, wears cosmetics, and her mature beauty is often infinitely greater than the vapid prettiness of youth.

Man, however, has just begun to utilize "beauty aids," at least in the United States. In some European nations it is considered normal for a man of middle years to wear a waist cinch or dye his hair, and these habits are finally winning wide acceptance in America. Even now, however, a man will be afraid to admit publicly that he dyes his hair, as he is almost certain to be teased by women and ridiculed by other men.

Women enjoy their escape, for a time, from the aging process, and there is no valid reason why a man should feel guilty if he uses similar techniques.

However, it is clear that the escape is temporary. Eventually, for everyone, the illusion is dispelled. When the crutch of dyes and girdles fails, a desperate man often clutches at philosophy, only to find that it, too, is a straw rather than a real support. When he reaches out for philosophy, he relies on reason, and logic is not strong enough to give him permanent help, as it satisfies only his intellect.

Fear of the aging process is emotional, obviously, and

can only be assuaged emotionally. It is difficult to dispel, in many instances, because of the fear of death that lurks behind aging. No two men can find the same ways to reconcile themselves to the absolute inevitability of death, yet a way must be found if a man is to enjoy what can be the best years of his life and then move into old age with tranquility.

It is difficult for everyone to change his ways of thinking and his habits, but the adjustment can be made far more easily if a man realizes that his acceptance of the aging process need not be annoying, frightening or painful. Those who raise their hands in surrender, like those who try to defy the process, are behaving immaturely. They fail to realize that the middle years can be rewarding, exciting and joyous.

Life is not static at any age, and during the forty to sixty period, the tempo changes, just as interests change. It is natural to regret loss, and losses do occur during this time of life; but the compensations that are available can more than make up the difference, provided a man allows himself to recognize their availability and uses them.

The Basic Fears of the Aging Process

Men are afraid of growing older for various reasons, but two are fundamental:

1. The fear of impotence, which has already been discussed in detail.
2. The fear of being forced to depend on others. As a rule, this fear takes one of two forms. A man is afraid

he will become ill and thus be rendered helpless, or he is afraid that he will lose whatever financial security he has managed to provide for himself.

Increased social security benefits have helped, to some extent, to lessen many men's fears that they will become financially helpless, but the gnawing undercurrent of panic persists. Loss of income, in other words, is a form of impotence.

Loss of health also means that one would become dependent on others, that is, helpless or, in a sense, impotent.

Those who fear financial dependence usually are afraid they will lose their health, too. The two ghosts walk hand in hand. Yet, according to a series of tests made in recent years, few men are afraid of specific impairments as such. That is, a man will not fear blindness because it will rob him of his ability to see. He will be afraid that his inability to see will make him depend on others.

Actually, these twin fears, loss of income and loss of health, are one step removed from the greatest of all fears, that of impending death.

Most men do not fear the aging process as such, but the end of that process. "I am becoming older" is obvious from early maturity. "I am old" can be frightening.

As a rule, the fears of becoming old do not increase between the ages of forty and sixty. The sixty-year-old man who is well-adjusted had made his adjustment earlier. The sixty-year-old who is frightened was probably frightened at forty. It is possible, however, for a man to overcome his

fears. He who is truly adult knows there is a vast difference between aging and being aged.

The American Problem

Why is the aging process such a vital and violent problem in the United States? Why is it more troublesome as a cause of disturbances, both physical and mental, than in many other countries?

As I mentioned briefly, earlier in these pages, the traditions of America are those of a young people. Young men made the United States great, and we are proud of our youthful vigor, our enthusiasm, our boundless energy.

So it follows that a man is afraid of growing old because he fears he will be sidetracked, considered a useless member of society, and that even his own children and grandchildren will feel disrespect for him.

It is significant to note that, in the European countries that are eager to follow the American example, physicians are reporting a steady increase in neuroses in the middle-aged group. But there is no such increase in Lapland, where old men are venerated for their wisdom, for their ability to remember the ancient tales and folk songs of what remains, to this day, a fairly simple society. The Laplander has no need to fear aging, for he knows he will not be cast aside when he becomes old.

This same pattern is seen in a highly industrialized nation which reveres old age, Japan. As in other parts of the Orient, in part because of tradition and in part because the Buddhist religion teaches its followers that old

age and death are to be welcomed rather than feared, the rate of serious mental illness in the forty to sixty age group is markedly lower than that in the United States.

A tribe of Eskimos in which aging seems to present relatively few problems regards its older people in a still different way. The highest and finest duty that an old man can perform, when he becomes infirm or when there is a shortage of food, is to go off onto the ice and die. Men of the tribe are taught from earliest boyhood that there is no greater service an old man can perform than to wander out onto the ice of the Arctic wasteland and die. When the time comes for this grim ceremony to be performed, it is customary for the oldest son to accompany his father a part of the distance from the village.

The act of escorting the elder is more than a token of respect. It shows that the son himself will someday literally follow in his father's footsteps.

Because the old man who dies is honored by those he leaves behind, the fear of aging presents less of a mental hazard to members of the tribe. They are comforted, too, by a superstitious belief that the man who freezes to death will be welcomed into another world with great respect and that he will enjoy a new life of comfort, warmth and ease there.

The old man believes he is performing a useful function to the society he leaves behind, which is true, in a sense, for he neither becomes a burden on those unable to care for him nor consumes food that is needed by others. He goes proudly, supported by the conviction that both in this world and the next he is obtaining his just reward.

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Perhaps the most significant lesson to be learned from the custom is the attitude of the eldest son. Sociologists who have made intensive studies of Eskimo life report that the son, usually a man of middle years (the average age is fifty-one to fifty-three) literally feels a sense of *envy* and looks forward to the day when he will be called on to make the same sacrifice!

The contrast between this approach and that of advertising-conscious America is startling. We are shown photographs or drawings of a handsome couple relaxing on a beach, standing on the deck of a superliner, dining at an elegant restaurant under a star-filled sky or playing croquet on a smooth, green lawn. The man is invariably distinguished and trim, wears tailored sports clothes and has an air of prosperous vigor. The lady is an exceptionally attractive blonde who, although mature, could easily be mistaken for someone twenty-five years her junior. She has the figure of a young woman, she wears her clothes with real flair and is eager, vibrant and alive.

This goal, although it may be desirable, is beyond the reach of most people, and they realize it is a fantasy. In order to achieve it, not only would they have to remain healthy, but it would be necessary to accumulate far greater wealth than they have ever known. Aware that it is beyond their reach, they are embittered by what they are afraid they will really face, and that fear increases the tensions of the middle years.

A survey made by a major university on the subject discloses that, in the upper-income group that *might* reach such a goal, the fears of aging are less severe, at least with

regard to the economic problems a man must face in old age. However, there is no indication that the other problems and stresses of the forty to sixty group are less pronounced in the wealthy than they are in lower-income groups.

The Crystal Ball

Knowledge, according to an old proverb, is power. Therefore the man who understands what may lie ahead for him and who interprets the signs of his aging accurately, without alarm, despair or frenzy, is better able to adjust to the inevitable.

The physical process of senescence, or growing old, does not begin at any given age. And, as you have seen, chronological age and a man's biological age need not be identical. Some men are older than their years, others are younger. An Albert Schweitzer displays remarkable intellectual powers and physical fitness at an age when many men are completely senile; someone in his early thirties might be suffering from a heart condition which will cripple or kill him before he reaches the age of forty. The man of middle years who submits to physical examinations at regular intervals learns his condition from his physician, and is able to guide himself accordingly. Knowledge enables him to face the present and future with confidence and to exercise caution according to the dictates of his medical practitioner.

Many men become alarmed when they discover that their memories seem to be less sharp, and they are afraid

that they are slipping into senility. Let them take heart: intelligence is compounded of many complicated elements, including not only memory, but imagination, reasoning, judgment, learning and what, for lack of a better term, we call thinking. The impairment of one facet of his intelligence does not mean, necessarily, that his *capacity* for intelligence is fading.

Certainly it is true that memory, as such, does fade gradually, perhaps imperceptibly, during the aging process. But a man's ability to think clearly need not be impaired. In fact, most men can remember quotations clearly until they are in their eighties and even older. Earlier memories are often more vivid because the young are frequently more involved emotionally in a given situation. The adult uses his mature wisdom to handle situations with which the young cannot cope intellectually. Therefore, in retrospect, the memories of one's younger life often seem more colorful and exciting.

The man of forty to sixty has learned by experience that he cannot remember everything and has become practiced in the art of discarding trivia. He sees his problem as being a milder version of that which confronts the aged man, but he is mistaken. The old find it difficult to mesh new memories with older ones, and particularly hard to use a combination of the two in solving current difficulties and questions. The man of middle years, on the other hand, fearing senility, makes a false self-diagnosis when he thinks his mind is slipping.

A New York City physician tells an illuminating story, about a man who is his friend and patient, that illustrates

the point. The patient came to the doctor's office one day, greatly worried, much depressed and convinced that he was becoming senile. "I'm only fifty-four," he said sadly, "but my mind is going."

The physician questioned him, gently, and learned that, on the previous evening, several couples were playing a parlor game, the object of which was to recall the telephone numbers at apartments in which they had lived previously.

"All of those people were approximately my age," the patient said gloomily, "and some of them could remember their phone numbers back to the days before World War Two. I moved to a new apartment less than a year ago, and to save my life I couldn't remember my old number."

Brief questioning revealed that the man, who was the executive vice-president of a large corporation, was currently engaged in a complicated international deal in which many thousands of dollars were at stake. He spent the better part of each day assimilating data, conferring with colleagues and weighing various aspects of the deal with his attorneys. The subject under discussion was technical, the foreign elements were new to him and required mastery, and he brought a briefcase home with him almost every night.

He felt relieved—and understood immediately—when his physician explained to him that the hundreds of vital details he had to learn in order to complete the transaction had literally crowded unimportant and irrelevant matters out of his head. The people who had remembered their telephone numbers were more relaxed, and their

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memories had responded to their bidding more readily. He was preoccupied, tired and literally couldn't be bothered with figures that meant nothing to him—particularly in view of the fact that he spent so much of his time analyzing meaningful columns of figures.

The man who worries because he can't recall the name of an old acquaintance he meets on the street, fails to remember the title of a book he read recently or makes some similar minor slip might well ask himself, "What have I been thinking about that matters?"

10

Planning for an Active Retirement

PLANNING, FROM ONE'S EARLY FORTIES, FOR A HEALTHY AND stimulating retirement can reduce many of the tensions of the middle years and, barring the unexpected which can overtake anyone at any time of life, lead to a happy, vigorous old age.

Retirement is one of the most misunderstood, abused words in the English language. Too many people think of it as the end of an active, useful life, as a period of being shunted aside. The dread of sitting in a chair, staring into space, doing nothing, taking part in no purposeful function, hangs over the heads of many men of middle years, and is in itself a cause of the male crisis.

As you have seen, everyone dreads the prospect of being

dependent on others, of being unwanted and unloved. The idea of retirement conveys such an impression to many men and intensifies their problems. In the previous chapter you saw that a man must adjust to the inevitability of aging in order to attain a state of balanced happiness. Now, let's talk about a different problem, that of changing the environment, to the best of the abilities of the individual and of society, in order to achieve a more satisfying period of retirement.

One of the greatest problems that our society faces is that of determining what should be done with people who are still able to work, still want to work, but cannot find work. Many physicians believe that retirement should be on an individual rather than a mass basis. Instead of saying, as some companies and industries do, that a man must retire when he reaches sixty-five—or whatever mandatory age has been determined—the individual's fitness, his ability to perform his task well and his desire to continue working should be taken into consideration.

There are many men who have no desire to retire, who find their occupations challenging and absorbing long after they have passed their middle years and who continue to do good work. When such a man is forced to retire, he is robbed of his incentive to live.

No attempt can be made here to study the larger questions being probed in depth by the federal government, by private industry and by labor unions. Such sweeping problems as how to utilize our national resources to protect older people must be discussed elsewhere. Our concern is with the male crisis in the individual, so we must turn

from the general to the specific, to the needs of the man who faces the certainty that, in time, he will grow old.

The Protection of the Individual

Within the past few years a significant change has taken place in our approach, as a nation, to retirement. Social security is an established institution, and it is now being recognized that firm preventive measures must be taken to halt premature retirement. There is increasing opposition, through laws and in others ways, to the practice of barring a man from a position solely because of his age. Considerable progress is also being made in protecting the rights of middle-aged and older workers; perhaps an even more important step is the development and expansion of industrial rehabilitation and health practices that enable the older man to change to new, gainful types of work as he ages.

Many corporations and labor unions are becoming increasingly aware of the problems of retirement, and in all parts of the United States intensive programs of preretirement education and training are being conducted. The response has been enthusiastic, and in most companies and unions is voluntary, but the very idea of presenting a program becomes complicated and involves the question of compensation. When no financial compensation is offered, the men who are most in need of such education are the last to be attracted. Those who do grasp the opportunities are the men who will be best able to adjust, emotionally and mentally, to retirement.

Programs are conducted in various ways, sometimes through special seminars or workshop gatherings that last for several days, sometimes through summer camp sessions, sometimes through meetings held throughout the year. Physicians who are qualified to talk about the physical and mental problems of older people hold group discussions, and individual experts meet privately with individuals to discuss a man's skills, desires and needs. There is no single formula that is utilized, but the object is always the same, to prepare the individual for a creative, happy retirement. Just as every man's interests have been different throughout his life, so his recreational and housing needs, his sense of personal security and his ability to perform a useful function will continue to differ from that of his retired neighbor.

How is the individual's usefulness to society and himself to be determined? And who shall sit in judgment? As yet there are no general answers to these pressing questions, but two cases, which a medical colleague has made available to me for publication, illuminate the problem:

Erich W., a furnaceman in a large steel plant, was retired at the age of sixty-two. He was still in good health, enjoyed life and had no desire to sit idly drawing his pension. As a boy he had always been fascinated by models of sailing ships in glass bottles, and had confided his interest to the guidance counselor helping him to prepare for retirement.

With the encouragement of the counselor, Erich W. began to take lessons in making such model ships. At first his efforts were clumsy and inept, and as he was conscious of

his large, rough hands, he was tempted to give up the project. But the knowledge that he would be left with nothing to do when he retired spurred him, and after five years of labor, most of it on weekends, he was ready to take up a new vocation. His retirement, which he had dreaded, became a welcome experience.

He had set up a workshop in the basement of his house, and was so eager to begin his new "retirement job" that on the morning after he left the employment that had occupied him for more than half a century, he arose an hour earlier than had been his custom, ate a hurried breakfast and went down to his workshop.

Showing infinite patience and far greater skill than he had imagined he possessed, he made three model sailing ships during the following months. Then another problem arose: how was he to dispose of them? A married daughter provided the solution by taking his handiwork to a shop in the business district of the city in which Erich W. and his family lived. The owners of the establishment willingly made a deal, agreeing to offer the model ships for sale in return for a share of the proceeds. All three ships were sold in less than a month.

With his market assured, Erich W.'s confidence in his talents solidified, and in the next few years he continued to work steadily, enjoying himself, knowing he was performing a useful function and, of course, augmenting his retirement pension.

Shortly before his seventieth birthday he was stricken with an illness that caused him to be hospitalized for eight weeks, and his recovery during convalescence thereafter

was slow. When he was able to resume work on his model boats, he discovered that his hands shook, so he was forced to reduce the rate of his output. Nevertheless he was able to overcome the handicaps caused by his infirmities, and at the time of this writing, more than six years later, he is still happily and busily engaged in his new career.

Instead of allowing himself to be tossed onto a refuse heap to rot at the age of sixty-five, Erich W. is a contented man at seventy-six, thanks in part to his own ingenuity and perseverance and in part to the educational and training program for retirement conducted jointly by his former employers and union.

The professional man and those engaged in business face somewhat different problems. The professional man can continue to work as long as his services are needed, appreciated and trusted. There have been great jurists who have handed down wise decisions from the bench at an age when many of their juniors have become senile. Oliver Wendell Holmes and Learned Hand were striking examples of men whose knowledge of the intricacies of the law lost none of its clarity as they became older.

However, an attorney engaged in private practice can continue to work only if his clients retain faith in him. If he still has the capacity to do a good job but his clients don't believe it, he is in trouble. The same is true of physicians, for instance. A doctor may be as capable at seventy as he was at forty; in fact, his additional experience probably makes him a better doctor. But if the com-

munity in which he lives decides he is old-fashioned, his practice will drift elsewhere.

An author may be as profound or as witty, as entertaining or as informative, in his eighties as he was in his forties and fifties. A composer like Jean Sibelius continued to write works of great imagination and power long after he had reached the age that society calls old.

The businessman and the white-collar worker who are not self-employed are confronted by a cruel dilemma of still another kind, as the second case history will show:

Eugene O. enjoyed more than average success in the medium-sized city of the Pacific Northwest in which he had spent the better part of his vocational life. He was an expert in personnel problems, and the large manufacturing corporation to which he had made his final move, in his late thirties, had paid him a five-figure annual salary. Thereafter he received several increases, and his income was substantial. Eventually he was promoted to the position of deputy head of his department.

In spite of his success, however, it was as difficult for him to save money as it is for many people in an era of high prices, heavy taxes, competing-with-the-Joneses-for-status and paying for the education of several children. Eugene O. and his wife owned a good-sized suburban house, on which they had managed to pay off the mortgage. They had two cars, rooms filled with solid furniture and a few other tangible assets. By the time the youngest of their three children would have completed her college educa-

tion, they knew, they would have only a small bank account, a few bonds and virtually no other savings.

One of Eugene O.'s nagging worries was his company's policy of automatically retiring all employees other than department heads at the age of sixty-two. It was possible, he reasoned, for him to succeed his superior before the age of mandatory retirement came, but he could not afford to take the risk. If it failed, his predicament would be severe, for he and his wife had grown accustomed to a standard of living that would have to be reduced drastically, in spite of the pension he would draw, social security benefits and the fact that he owned his home outright. The house, he realized, could prove to be a liability, as real estate taxes in the area were high, and he thought it probable he would have to sell the place if he could not augment his income.

Equally important, he enjoyed good health and had recovered completely from surgery in which a nonmalignant tumor had been removed. He was alert, interested in the world and in community problems, and enjoyed bridge, golf and reading. The thought of "doing nothing" after he reached his sixty-second birthday horrified him.

For a period of some months he suffered from a depression that caused blinding headaches and fatigue, but he knew what was worrying him and, as one experienced in personnel matters, was able to study his own problem at length with some measure of critical detachment. After weighing a number of possible solutions, he finally decided to follow a program that seemed to be the most sensible.

Eugene O. was a college graduate, and had a bachelor's

degree in the liberal arts. Most of what he knew about his vocational specialty had been self-taught, and he was aware that there were gaps in his education. So he enrolled in a nearby university and, at the age of fifty-one, started to study for a master's degree. There were interruptions caused by family and company problems, and he frequently felt too tired to continue. But, in spite of the obstacles that stood in his path, he persevered, and finally received the higher degree at the age of fifty-eight.

Having achieved something of a reputation in his field, he sought even greater recognition by accepting speaking engagements, charging modest fees and sometimes lecturing in return for no more than the costs of his transportation. Whenever possible, he spoke at universities and colleges.

His farsightedness paid dividends—closer to home than he had anticipated. The university from which he had obtained his master's degree, impressed by his talents, offered him a post as a lecturer in the division of social sciences. He could not be made a member of the "regular" faculty because the university, too, had a retirement policy to which it was forced to adhere.

But there was no limit on the age of lecturers, and a post of this sort carried fewer responsibilities and a lighter schedule than did a professorship. Eugene O. gladly accepted, and began his new work a few months after he was retired from his company at sixty-two, first taking a vacation trip with his wife, to which both had long looked forward. Several major adjustments were necessary, to be sure. The income that Eugene O. received from his pen-

sion and from the salary he was paid as a lecturer was less than he had earned as a full-time executive, so he and his wife cut down on many expenses without being compelled to change the basic standard of life to which they had become accustomed.

They continued to live in the same house, but drove one car rather than two. With their children grown and no longer living at home, they quickly saw that the ownership of a second car was an unnecessary convenience, particularly as Eugene O. no longer spent his entire day away from the house. Mrs. O. learned to make her engagements at times when her husband would not need the one automobile for transportation; he, in turn, learned to be considerate and not loiter at the faculty club when his wife wanted to go marketing or planned to visit a friend.

Entertaining at the O. house became far less lavish, too. The couple had been known for their generous hospitality, but a little paper-and-pencil work demonstrated that food and liquor costs could mount to astronomical proportions. Without apology or fuss, dinner parties became simple and unpretentious affairs. Similarly, Eugene O.'s status requirements were reduced, and he realized that, as he was no longer an active corporation executive, it was a waste of money to belong to two golf clubs. He promptly gave up his membership in the one he had joined, years earlier, for business purposes.

At the time this account is being written, Eugene O. is still enjoying a rich, rewarding life at the age of seventy-one, nine years after his retirement from his company. He has grown somewhat deaf and uses a hearing aid; he uses

stronger glasses, too, but otherwise is in good health. He is one of the university's most popular lecturers, and has attained such fame as an expert in personnel matters that his old company has called on him for advice on a number of occasions, paying him extra fees for these services. He has received numerous invitations to address groups throughout the United States and Canada, but finds that travel tires him, so prudently refuses all requests that take him away from home.

He and Mrs. O. still see their friends frequently, entertain and are entertained. Eugene O. continues to play golf, and is reconciled to the fact that his game is not what it was. He jokes about it, at his own expense, without rancor. All three of the O. children are married, and there are four grandchildren, who visit the elderly couple regularly and give them great joy.

Thanks to his own foresight and hard work, Eugene O. is able to enjoy a fruitful, happy retirement.

Health Maintenance

Problems of physical health cause many of the worst nightmares of old age, as everyone knows. Modern medicine has made and continues to make enormous strides to stem the tide, but the disabling diseases cannot be halted altogether, nor can the natural processes of atrophy.

Nevertheless, there are steps that are being taken, on an ever greater scale, to maintain the health of the aged. One of the most effective is a literal application of the old adage "An ounce of prevention is worth a pound of cure."

How does this influence the man of middle years? If he visits a physician at regular intervals and submits to thorough examination, he may be saving himself great expense, pain and crippling misery later in life. If the diseases of old age cannot be prevented, they can be controlled, and the best method is through early diagnosis and treatment.

Although I have used statistics sparingly, a set of figures compiled a few years ago in a health maintenance program tell their own startling story. More than five hundred men, all highly educated, who were members of the staff of the same institution, voluntarily submitted to medical examinations. These men ranged in age from their early thirties to their eighties. The examinations revealed more than eight hundred defects which the men had not suspected. And approximately half of those eight hundred and more defects required immediate medical treatment.

Rehabilitation is another key to the maintenance of sound health. Most of us will go to a physician if we break a leg, but we are inclined to ignore mere warnings that our bodies give us. Sometimes the warnings develop into chronic ailments, and often these diseases do not appear until one has reached old age. The man of forty to sixty who wants to avoid physical disability in later life would be wise to take immediate steps. The vast majority of chronic complaints can be checked or cured if they are detected and treated in sufficient time.

A man who takes pride in his usefulness to himself and others, who wants to remain self-sufficient and hold his head high, owes it to himself—even more than to others—

to seek medical help for chronic complaints. Members of the medical profession want to help, but their hands are tied unless a man is willing to cooperate.

Fear of a possible future disability often has a numbing effect. We are afraid that we may be suffering from a chronic ailment, or a disease that might become chronic, and rather than do something about it, we bury our heads, hoping the condition won't grow too bad too quickly. The man of middle years, as we have seen, is often inclined to fool himself, to pretend there is nothing wrong with him because he is afraid to admit that he is aging.

What he fails to realize is that his fears, even if they should be true, need not disable or cripple him. A survey made by the United States Health Service several years ago revealed that more than half of the people in America who are sixty-five or older suffer from a chronic health condition. But this does not necessarily mean that the individual is disabled.

On the contrary, the survey indicated that only one person out of every six suffering from a chronic ailment was disabled to such a degree that he needed help in living!

What to Do with One's Spare Time

The case histories outlined earlier in this chapter indicated how two men solved the problem of what to do when they had nothing but "time on their hands." In today's highly competitive, active world, the man of forty to sixty is often too busy to think seriously about the day when he will retire. And until he has reached his middle years, he probably hasn't bothered to think about it at all.

Certainly no sweeping general advice can be given. The man who collects stamps as a hobby might be bored by cultivating a garden; the fisherman and the man who likes to make chemical experiments have little in common. Yet all have more in common than they know: they do have interests other than their work.

The importance of the avocational interests of these men is that they exist. Human nature, like all other forms of nature, abhors a vacuum. Man is the only living being who is capable of filling a vacuum intelligently and creatively, yet he frequently refuses to recognize the dangers to which he exposes himself when he gives no thought to what he will *do* after he retires.

Everyone knows that there is an end to the life process. Most people also realize that the day will come when they will no longer be able to engage in useful, satisfying work, but they stubbornly resist the change that they know will take place.

Neither extraordinary intelligence nor financial security is a bulwark against the boredom of having nothing to do after retirement, as the true and poignant story of Oscar B. illustrates:

The son of immigrant parents, Oscar B. was born in a southern mill town, where he lived until the age of fourteen. Then, disturbed by a home atmosphere punctuated by constant quarrels between his parents, he ran away to a city in the North. Looking older than his age, he changed his name, found a job in the textile industry and began to support himself. Although his formal education had

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come to an end, his intellectual curiosity was as great as his burning ambition, and he spent his evenings and weekends reading.

Rising from the bottom, he made such remarkable progress that he owned his own company by the time he was twenty-five. He married happily, and he and Mrs. B. had three children, two sons and a daughter, of whom they were rightly proud. Oscar B. became one of the most prominent citizens in his community, and as his wealth increased he assumed numerous philanthropic obligations. He became a patron of the arts, too, enjoying concerts, ballet and the theater.

However, his outside interests remained peripheral, and his company, now a large and powerful corporation, remained the keystone of his life. Clinging to the habits of his boyhood, when he had struggled against great odds to earn a living, he arrived early at his office, was always one of the last to leave at night and always spent at least part of his weekends at his desk. He continued to live in this manner even when it was no longer necessary.

Both of his sons joined the company after they completed their education, and Oscar B.'s happiness was complete when his daughter married one of the most promising of the corporation's executives. All three of the young men showed great ability, and were given increased responsibility through the years, but the company remained a "one-man business" in the sense that Oscar B. was unable to relinquish the reins of authority and insisted on making all major decisions himself. Occasionally his sons and son-in-law, all vice-presidents now, chafed under his rule, but

could not quarrel with his decisions, which were sound. The corporation continued to expand, and Oscar B. became a very wealthy man.

Mrs. B. died suddenly and unexpectedly, after a brief illness, when her husband was fifty-nine years old. He was grief-stricken, but refused to heed the advice of his children, who urged him to take a year's sabbatical. Instead he buried himself even more determinedly in his work.

Eventually the intensity of his suffering subsided, and Oscar B. resumed a normal life. He sold his expensive suburban home and moved to an apartment hotel in the city. Not only was his living simpler and easier, he said, but he found the place more convenient to his office.

He took great interest in his grandchildren, for whom he established trust funds, and it became a family ritual, enjoyed by all, for his children and grandchildren to visit him every Sunday afternoon, after he returned from his routine Sunday inspection of his plant. He attended concerts and the theater frequently with friends and business acquaintances; he continued to support numerous charities and seemed, on the surface, to be a well-adjusted man of many interests. Nevertheless, his business was as important to him as it had been all through his life.

When Oscar B. was seventy years old, the corporation's attorneys persuaded him that it would be prudent to turn over his company stock to his children. He agreed, making a "gentlemen's agreement" with his sons and son-in-law that, although they now controlled the business legally, it was still "his" company.

Oscar B. suffered from a number of relatively minor

infirmities through his seventies, but in general he was still healthy, in both mind and body. He continued to arise very early every morning in order to go to his office; he stayed at his desk until long after dark and refused to give up his Saturday and Sunday work sessions. His physician urged him to work at a slower pace, but he paid no attention to the advice, and became irritated when the members of his family begged him to start taking life easier.

When Oscar B. was eighty years old, his routine had not changed. During this year, an opportunity arose for the company to merge with a somewhat larger corporation that maintained headquarters in another city. Oscar B. indignantly rejected the offer, but his sons and son-in-law saw the merger in another light. They approved of it, not only for themselves and the future of the corporation, but they believed they had finally found a way to force the old man into retirement.

Using their voting stock, they put through the merger, and Oscar B. was shorn of his authority overnight. He had nothing now but his oak-lined office and the empty title "Chairman of the Executive Committee."

Three months later Oscar B. was dead.

The tragedy of his case is that he had developed no interests in life other than his work. He died because he believed that he could no longer function as a useful, productive member of society, and he literally lost the will to live. What had actually happened, of course, was that he had been fooling himself for many years. He had more

than enough money to meet all of his needs and to support his children and grandchildren if none of them ever worked—although they were actually industrious. The younger men were competent, and the business was able to produce without him. But Oscar B. could not live without the business.

His concerts, ballets and theater, his participation in charity drives and contributions to various philanthropic organizations had been no more than the frosting on the cake that he believed was expected of someone in his position. He clutched his company as a child clutches its mother's hand when crossing a busy street.

Whether Oscar B.'s sons and son-in-law acted ethically when they sold the company is a question beyond the scope of my discussion. It is enough to emphasize here that they thought it right for a man who had worked sixty to seventy hours per week for sixty-six years to rest.

There are, in our frenzied, hard-driving society, many men like Oscar B. who don't know how to rest, who aren't able to relax because they have no *reason* to relax. Like him, there are many who could enjoy countless nonvocational activities, but have never allowed themselves to develop interests in anything other than their work.

The basic problem, which each man must solve for himself, with or without outside assistance, is how to provide for leisure time. To be active and busy simply for the sake of such activity will not fill the void. A man must find something to do to take the place of the work that has occupied him for the better part of his life.

It is never too early to ponder this problem, to examine

one's field of interests, to look ahead and plan. The wise man of forty who does plan ahead will have fewer problems at seventy and less cause to fear the aging process.

The Pleasures of Retirement

More than a century and a quarter ago, William Hazlitt wrote in *The Feeling of Immortality in Youth*, "The only true retirement is that of the heart; the only true leisure is the repose of the passions. To such persons it makes little difference whether they are young or old. . . ."

It was also Hazlitt who declared that anticipation can provide joys as great as those of realization. The pleasures of anticipating retirement, looking forward to an active life other than one's job, can outweigh the fears of becoming a helpless drag on one's family or community. Women, as you have seen, have a greater ability to adapt to new circumstances than men. I mention the subject again because there is a lesson the man of middle years can learn from the career girl who marries, becomes pregnant and dreads the day she must retire from the type of life she has known. She is usually overjoyed to discover that the pleasures of her new life, as a mother, are far greater than those she knew in her business career.

Retirement from work, for a man, is one of life's major transitions. How a man reacts depends completely on the attitude he takes. If he views retirement as a loss, he will suffer accordingly. The man who refers to himself as a "retired electrician" or a "retired lawyer" is pinning a label on himself. By defining himself as one whose active

life is in the past, he compels others to regard or define him in the same way.

The man whose image of himself is determined by the vocation from which he is now retired is not the only one to be blamed for holding this view. Our society, as a whole, is at fault; the American attitude of "What do you do for a living?" colors the opinions of everyone, and there is a need for our society to change its approach, too.

But every individual is, basically, responsible for himself. The man who is looking ahead to retirement can remove some of the sense of discrimination that, he fears, will be directed against him. If he thinks more of himself in terms of "What sort of person am I?" and "What do I like, and why?" he will find that, when the day of retirement arrives, the change in his status is an easy glide rather than a rude jolt.

Because of compulsory retirement ages set by a number of large companies in our industrialized society, the number *sixty-five* has come to represent a dreadful turning point. The man of forty to sixty is inclined to count the number of years still ahead before he reaches sixty-five, and without realizing what he is doing, is telling himself that his active life will end at that time. He might be happily surprised to learn that more than half of the male population of the United States over the age of sixty-five is still active in the nation's labor force!

As anyone of intelligence knows, no person changes at midnight, à la Cinderella, on his sixty-fifth birthday. A man's personality has developed, matured and expanded throughout his entire life, and the satisfactions he enjoys,

the pleasures and interests he cultivates during his early and middle years, will to a large extent determine whether he is contented or miserable in later life.

Basically, no man can enjoy retirement unless he adjusts to its inevitability, just as none can accept the joys and triumphs of the middle years unless he is willing to recognize the fact that he is now fifty, not twenty-one. Reality brings its reward; false illusion promises nothing but an eventual awakening that will be as jarring as it is rude. Everyone realizes that life consists of a series of changes, and some are relatively easy to accept in one's stride. The boy goes through puberty and becomes an adolescent; he may be confused and miserable, but usually he welcomes the approach of manhood. When the fully grown young man becomes independent, he undergoes another change, and glories in his manhood. Marriage is another step that most welcome; and the birth of one's first child, which causes tremendous changes in a family, is in most instances a joyous event.

Retirement is a milestone that differs from all of the others. Virtually every man looks forward to his retirement with a sense of anticipation, but at the same time he feels a sense of dread. He has forgotten what experience has taught him, that there is ambivalence in most men when they are about to make most of the major moves in their lives. The bachelor, for example, feels twinges of regret over the prospect of giving up his freedom, even while waiting eagerly for marriage to his bride. The man summoned from civilian to military life may look forward to

his coming experience as an adventure, yet he is uneasy, too.

The change that takes place at retirement is resisted and dreaded because many men see it as the *last* change before death. They fail to realize there can be many pleasant, rewarding phases of retirement, and they rob themselves of anticipation of those phases during their middle years. The result is that they make a rich life impossible for themselves after they are retired.

The most obvious type of ambivalence is that of the man who owns his business and has worked hard, looking forward to the pleasures of retirement. When the time arrives, he resents handing over the direction of the enterprise to others and spoils the very pleasures he has earned. There are endless variations on this theme; every man who seeks adjustment finds his own solution to his individual problem.

Those who are forced into premature retirement, for example, may feel cast off and unwanted. With advance preparation, they can ward off the hurt.

There are some who fight against retirement, delaying it unnecessarily and causing harm not only to themselves but to others. There are also men who race into retirement prematurely because they feel inadequate and unable to cope with the problems of the world. Having failed to adjust, to come to terms with reality earlier in life, they discover too late that they can't escape by pulling the covers over their heads because they can't hide from themselves.

Others try to buoy themselves during the forty to sixty

period by building fantasies. They may say to themselves, "It's true I have great responsibilities and problems now, but life is going to be a bed of roses when I retire! Then I'm really going to cast off all of my burdens." This optimism, as unrealistic as the approach of the pessimist who feels he might as well be dead when he retires, causes inevitable disillusionment, which in turn creates frustration.

An intelligent woman, the mother of a number of children, recently made an illuminating observation that the man of middle years might apply to his own future. Discussing the inner turmoils, bewilderment and uncertainties she saw in her teen-aged daughter, she said, "You know, I had always felt her adolescence and mine were so different. For years I've remembered mine as the most idyllic time of my life. But a short time ago when I was cleaning some things out of the attic, I ran across the diary I kept when I was in high school. I looked through it, and I don't believe I've ever read an account, anywhere, of so much woe and wailing. If my adolescence was paradise, I certainly didn't know it then!

"I had been feeling rather sorry for myself just before I read that diary, but I've learned a lesson. I'm appreciating my life as it is right now, I'm savoring it, and I'm going to keep on living in today rather than in yesterday."

After retirement, what should one seek? Studies made of retired men who are happy and of others who are unhappy provide some of the clues. There can be no definitive pattern that all men can follow successfully, but a simple guide might be helpful to the man of forty to sixty

in his attempts to prepare for the day when he will no longer be an active member of working society:

1. What steps can I take, now, to ensure that I will be in the soundest possible mental and physical health after I retire? Some suggestions that might be of possible value are presented throughout the pages of this book.

2. What can I do, now, to obtain financial security later in life? If my tastes and habits are expensive, and I know I won't be able to live at the same pace, what positive steps can I take now to prepare myself for the time when my income will be reduced? A brief account of how one man has solved the problem of fitting his desires into his wallet illustrates the point. Retired on a pension at the age of seventy after spending many years as an executive of a large corporation, he discovered that it was necessary to cut his budget drastically. Among the pleasures he and his wife had enjoyed for a long time had been the habit of drinking a cocktail every evening before dinner. For the first time he realized that liquor was expensive for a man who had to watch his pennies, and he faced a dilemma, which he solved with great ingenuity. He learned wine-making, about which he had known nothing, and subsequently he and his wife were able to enjoy a glass of home-made wine before dinner. Not only did he cut his expenses drastically, but he found a new hobby; the actual making of the wine fascinated him.

3. How much do I need the companionship of others, and what activities do I find interesting, now, that I can

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cultivate in order to help ensure such companionship in later life?

4. What interests do I have that I can cultivate in order to give myself solitary satisfaction? The elderly person who has nothing to occupy his attention ages far more quickly than one who is alert. Therefore the development of interests and absorbing hobbies is essential to the well-being of the retired person.

5. What are the principles I believe to be paramount? The human being has a conscience, an animal does not. Every man holds certain ethical and moral principles sacred. Often self-scrutiny is necessary in order to sort out the important from the trivial and irrelevant. As the retired man depends less on the opinions of others, he has greater moral and ethical freedom than those who are younger and must, because of the vocational and other pressures of society, make compromises. The retired man who is conscious of his convictions will find the sailing far easier than will one who, having made expediency a habit, doesn't know what he believes.

6. Am I able to handle my present stresses and strains? Can I cope successfully with whatever depressions, anxieties and other disturbances I face now? The man who learns to achieve some emotional balance in his middle years, before he reaches the age of retirement, will be better able to enjoy serenity after his career has ended.

7. Do I have a need to contribute to society? As you have seen, there are many who feel their lives are useless because they are no longer active members of the work force. Foresight and planning can enable the intelligent man to

continue to make valuable contributions. In fact, the senior citizens are in a position to exert unique influences. In our fast-moving, mechanized society, only an elderly man can take sufficient time and show sufficient patience to make a model ship in a bottle a handiwork that others will enjoy. Only the elderly who have acquired wisdom, slowly and painfully over many years, can exert the ultimate moral and ethical leadership which younger generations need.

8. Do I feel guilty because I'm looking forward to the day when I'll have nothing to occupy me? The man who genuinely wants to loaf after he retires is entitled, after spending many years earning a living, to take life easy. It is as important for those who don't want to keep busy to follow their inclinations as it is for those who need to be active to find something useful and helpful to others that will make them happy. It must be stressed, however, that "doing nothing" as a pastime will, in most cases, be catastrophic. Loafing should have some purpose. The man who enjoys sitting in the warm sunlight and likes the sport of fishing is enjoying meaningful loafing when he sits at the end of a pier with a fishing pole in his hands. To some, what he is doing might seem empty. But he is obtaining satisfaction from his simple act, so to him it is significant. Only the man who makes so few preparations that he sits in a chair looking vacantly into space after retirement is asking for trouble.

The studies on which some of these suggestions are based also indicate that more than half of the retired men who were tested were truly happy. So there is hope for

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every man: to be prepared for retirement is half the battle. Just as every man is responsible for his own conduct throughout his lifetime, so every man is responsible for making adequate plans and preparations for his old age.

When he shows such foresight, he not only will reap the harvest in later life, but will be better able to take full advantage of the immediate rewards and joys that are available to him during the years of the male crisis.

11

A Word to Those Who Are Seeking Help

I HAVE OFTEN SAID IN MY DISCUSSION OF THE PROBLEMS OF the man of middle years that those in need of help should seek the aid of a qualified practitioner. These suggestions are offered for those who want assistance, or for the wives of men who may need help but are unaware of their difficulties.

The initial step is a simple one for those who have "regular" or "family" physicians. Consult your doctor, tell him of your difficulties and let him decide whether you require treatment by a specialist. If so, he will send you to a physician qualified to deal with your particular ailment.

Those who do not have regular or family physicians can

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follow a different procedure. If you live in or near a city, get in touch with the local medical society, which will then recommend a doctor who can help you. If you live in a rural area, your county or other regional medical association or society can advise you whom to visit.

A man who is uncertain whether his disturbances are physical or emotional might consult a diagnostician, who may be able to tell him whether his problems are those of the body or those of the emotions—or both. Those who recognize their problems as emotional should consult a psychiatrist.

A word must be added here about the sense of shame or fear that many people feel on submitting to psychotherapy. Such feelings are subsiding, but still exist in some segments of our population. They are false fears. The man who is suffering from an emotional disturbance needs to be healed as much as does the man who breaks his leg. He is not putting a brand of "I'm crazy" on himself by seeking competent professional assistance.

Obviously, there are many others who can give help and comfort to those in difficulty. Millions seek and find solace in religion, and ministers, priests and rabbis can and do give far more aid than has been indicated in these pages. It has not been within the scope of this book to discuss such assistance. Let it merely be stated again that it is available to all who seek it.

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11. *A Word to Those Who are Seeking Help*

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